

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

SEP 15 2 48 PM '65

I.

Operator Harper Oil Company	
Address 904 Hightower Building, Oklahoma City, Oklahoma	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Exclude Blinbry Gas Zone Expose Blinbry Oil Zone	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. J. Sarkeys	Lease No.	Well No. 1	Pool Name, Including Formation Blinbry - Blinbry	Kind of Lease State, Federal or Fee Fee
Location				
Unit Letter G	1980	Feet From The North	Line and 1980	Feet From The East
Line of Section 26	Township 21S	Range 37 E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26	Twp. 21S	Rge. 37E
				Is gas actually connected? No
				When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Restv. <input checked="" type="checkbox"/>	Diff. Restv.
Date Spudded Work Started 9/8/65	Date Compl. Ready to Prod. 9/14/65	Total Depth 6558	P.B.T.D. 6415					
Elevations (DF, RKB, RT, GR, etc.) 3383 GR	Name of Producing Formation Blinbry	Top Oil/Gas Pay 5722	Tubing Depth 5550					
Perforations 5722, 5732, 5737, 5742, 5750, 5764, 5768, 5774, 5776, 5783, 5787, 5789, 5800, 5807, 5812, 5815, 5819, 5832, 5840, 5842, 5854, 5857		Depth Casing Shoe 6450						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4	13 3/8		301		200			
9 3/4	8 5/8		2851		1000			
7 7/8	5 1/2		6450		700			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/15/65	Date of Test 9/15/65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 14 hours	Tubing Pressure 135 psi	Casing Pressure Pkr	Choke Size 3/4"
Actual Prod. During Test 420 bbls	Oil-Bbls. 273	Water-Bbls. 147	Formation & Frac Water Est. 800

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED _____, 19_____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Engineer

(Title)

September 16, 1965

(Date)