

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
Page 1-1-65

HOBBBS OFFICE O.C.C.
MAR 10 9 21 AM '66

I. Operator
Harper Oil Company

Address
904 Hightower Building, Oklahoma City, Oklahoma

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. J. Sarkeys	Lease No. 2	Well No. Bilinebry	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter H ; 1650 Feet From The North Line and 990' Feet From The East Line of Section 26 Township 21 S 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	Address (Give address to which approved copy of this form is to be sent) P. O. 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 1197, Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 26	Twp. 21 S	Rge. 37E	Is gas actually connected? No	When As soon as possible

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

IV. COMPLETION DATA of Bilinebry Abo requested pending receipt of order.

Designate Type of Completion - (X) X		X		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded 1-17-66	Date Compl. Ready to Prod. 3-1-66	Total Depth 7296		P.B.T.D. 7256						
Elevations (DF, RKB, RT, GR, etc.) 3377.9 GR	Name of Producing Formation Bilinebry		Top Oil/Gas Pay 5710		Tubing Depth 5629					
Perforations 5710, 5725, 5736, 5747, 5755, 5769, 5774, 5789, 5798, 5817, 5836, & 5861				Depth Casing Shoe 7289						
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4		9 5/8"		1349		500				
8 3/4		7"		7289		1050				
		3 1/2"								

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 3-1-66	Date of Test 3-1-66	Producing Method (Flow, pump, gas lift, etc.) Swab and Flow	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure Packer	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 53	Water - Bbls. 2	Gas - MCF 72

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.

Marshall L. Bailey
Engineer
March 8, 1966

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.