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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6-8-92
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvard Petroleum Corporation		Well API No. API-30-025-27136
Address P. O. Box 936, Roswell, New Mexico 88202-0936		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	delete "com" from lease name
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "IG" com	Well No. 1	Pool Name, Including Formation Wildcat-Delaware	Kind of Lease State, Federal or Fee	Lease No. V-1811
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 32 Township 23-S Range 32-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"/> Scurlock Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79702-3119					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 23S	Rge. 32E	Is gas actually connected? No	When ? Unknown

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 3/9/92	Date Compl. Ready to Prod. 4/7/92		Total Depth 15,920		P.B.T.D. 8639'			
Elevations (DF, RKB, RT, GR, etc.) 3664' GR	Name of Producing Formation Brushy Canyon-Delaware		Top Oil/Gas Pay 7992'		Tubing Depth 8044' 2 7/8"			
Perforations 7992-97, 8393-8410, 8455-8470			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16" & 65#	705'	750 SKS
14 3/4"	10 3/4" & 51#	4740'	3160 SKS
9 1/2"	7 5/8" & 39 & 33.7#	12060'	1975 SKS
6 1/2"	4 1/2"	15920'	550 SKS

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 Tank 4/8/92	Date of Test 4/17/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure -0-	Casing Pressure 20#	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 171	Gas - MCF 20

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Jeff Harvard Vice President
Printed Name 4/21/92 Title (505) 623-1581
Date Telephone No.

OIL CONSERVATION DIVISION

APR 23 '92

Date Approved

By ORIGINAL SIGNED BY XTON

DISTRICT SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
APR 20 1962
JED HOBBS C. FINE