Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		UTRA	NSP	SHI OL	L AND NA	NUHALG	AS				
Operator HARKEY ENERGY, 1	INC.						Well	API No.			
Address	······································						<u> </u>				
Reason(s) for Filing (Check proper box)	MON	AHANS,	TEXA	AS 79	756	her (Please.expl	lain)		 		
New Weil		Change in	Transpo	rter of:		nei (1 teuse.expi	am)		•		
Recompletion	Oil		Dry Ga	_							
Change in Operator X	Casinghead		Conden								
If change of operator give name and address of previous operator BC	RDEAUX I	PETROLE	EUM,	INC.	511 16	th STREE	T, STE.	400 E	DENVER, (0 80202	
II. DESCRIPTION OF WELL Lease Name			Doet M								
Knight	ing Formation Kind of Lease Lease No. Mattix 7Rvs Queen GB State, Federal or Fee										
Location	660)			East	100	2		G		
Unit Letter	East Line and 1980. Feet From The South Line										
Section 21 Townsh	ip 24S		Range	37E	3 , N	MPM, Le	ea			County	
III. DESIGNATION OF TRAN	NSPORTER	OF OI	L ANI	D NATU							
Name of Authorized Transporter of Oil Pride Pipeline Comp	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.O. Drawer 2948 Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Rge.	. Is gas actually connected? When ?									
give location of tanks.	I	21	Twp. 245	37E	No						
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or p	ool, give	comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	l · G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	Tri	IDDIC (ZA CIN	CAND	CITA CENTRAL	VG DECON					
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE					CEMENTI		D	T .	CACKO OFMENT		
	1100),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	DEPTH SET			SACKS CEMENT .				
		·									
U TECE DATA AND DECIDE		·									
V. TEST DATA AND REQUES OIL WELL (Test must be after t					1 1.						
Date First New Oil Run To Tank Date of Test Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.		······································	Gas- MCF			
	Oil - Dois.										
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of C	Gravity of Condensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF (COMPT	IANI	~E			7 1	<u> </u>			
I hereby certify that the rules and regula	ations of the Oi	il Conservat	tion			DIL CON	SERVA	ATION I	OIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
Wendell 1). +	larkey				Date	whhlosec	·				
Signature					By KONGON OF STREET SEXTONS						
Wendell N. Harkey President Printed Name Title					Title						
	/943-742	20			litle_			17774.			
Date		Teleph	one No.								

- 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.