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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

| 1000 Rio Brazos Rd., Aztec, NM 87410 | DEO! | JEST E | | 1 (1) | BLE AND A | UITUODI | マムナルへい | | | | | |
|--|---|-------------------|------------|------------|--|---|-----------------------------------|--|---------------|--|--|--|
| I. | | | | | L AND NAT | | | | | | | |
| Operator | | 10 1110 | | 5111 011 | L AND NA | OHALG | | API No. | | | | |
| Harkey Energy, Inc. | | | | | | | 300 | 251119700 |)S1 | | | |
| Address P.O. Box 1975 | M | . 1 | m | 7075 | <i>(</i> | | | | | | | |
| Reason(s) for Filing (Check proper box) | Mona | ahans, | rexas | 3 /9/5 | | | | | | | | |
| New Well | | Change in | Теперо | eter of: | Othe | t (Please expl | zin) | | | | | |
| Recompletion | Oil | Change in | Dry Gas | | | | | | | | | |
| Change in Operator X | Casinghea | id Gas | Condens | | Е | ffective | 8-1-9 | 1 | | | | |
| If change of operator give name and address of previous operator Saba | Energy | o f Te | xas. | Inc. | - 5525 N | I. Mac Ar | thur B | lvd Su | 11to 48 | | | |
| | | | , | | | 1100112 | | ing, TX. | 75038 | | | |
| II. DESCRIPTION OF WELL Lease Name | AND LEA | | T | | | | | | | | | |
| | | Well No. | 1 | | ing Formation | | | Federal of Fee | | ease No. | | |
| Cortland Myers Unit Location | | 3 | Lang. | rie Ma | ttix 7Rvr | s Queen | GB | | NM-03 | 6249 | | |
| Unit Letter 0 | 66 | 50 | Feet Fro | om The S | outh Line | and 198 | 0 _F | eet From The | East | Line | | |
| Section 22 Townshi | p 24 | | Range | 37 | - | _ | ea | | | County | | |
| III DECICNATION OF TRAN | CDODTE | D OF OR | | | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR | | | | | | RAL GAS Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Texas-New Mexico Pipeline Co. | | | | | P.O. Box 2528 - Hobbs, N.M. 88240 | | | | | | | |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | | |
| El Paso Nat'l Gas Co. | 1 Gas Co. | | | | | | | aso, TX. 79978 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | | Twp. | Rge. | Is gas actually | | When | ? | | *************************************** | | |
| | N | 22 | 24S | 37E | | Yes | L | NA | | | | |
| If this production is commingled with that it. IV. COMPLETION DATA | nom any our | er lease or p | xooi, give | commingi | ing order numbe | er: | | | | | | |
| | | Oil Well | G | as Well | New Well | Workover | Deepen | Plug Back S | ame Res'v | Diff Res'v | | |
| Designate Type of Completion | | <u>i</u> | i | | <u>i</u> i | | | | | Nos+ | | |
| Date Spudded | Date Comp | l. Ready to | Prod. | | Total Depth | | | P.B.T.D. | | *************************************** | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| | | | | | | | | Tubing Deput | | | | |
| Perforations | | | | | | | | Depth Casing S | Shoe | | | |
| | | LIDING (| CACINI | CAND | CE) (E) (M) | C DECOR | | | ************ | | | |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | | | | | |) | CASKS SELECT | | | | |
| | CASING & TOBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| TEST DATA AND DECLIES | T FOR | LOW | D. D | | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re | | | | أمسي استما | ha amustas | | | | | | | |
| OLL WELL (Test must be after re Date First New Oil Run To Tank | Date of Test | u voiume of | ioda ou | ana musi i | Producing Meth | od (Flow, nun | vable for this up. eas lift. e | te l | full 24 hour. | <u>s.) </u> | | |
| | | | | | 0 · · · · · · | · (- ·-· / / · | 7,6 | , | | | | |
| ength of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | | |
| | Oli - Bois. | | | | water - Bois. | | | Gas- MCF | | | | |
| GAS WELL | | | * | | | | | <u> </u> | | | | |
| Actual Prod. Test - MCF/D | Length of Te | est | | | Bbis. Condensat | e/MMCF | | Gravity of Cond | densate | | | |
| | | | | | Casing Pressure (Shut-in) | | | Clavity of Cost | | | | |
| esting Method (pitot, back pr.) | | | | | | | | Choke Size | | | | |
| T ODED ATOD CODE | | | | | | | | | | | | |
| I. OPERATOR CERTIFICA | | | | E | | I CONG | SEDVA | TION D | MOIO | N.I. | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | OIL CONSERVATION DIVISION Date Approved | | | | | | | |
| is true and complete to the best of my kn | owledge and | belief. | | Į. | Doto A | MMRAL | an a f | 1 1 3 W | 3 b | | | |
| 1,1 111 n 1 | 10 | | | | Date A | pproved | | <i>y</i> : | | | | |
| Wendell 11 + | 1arkey | <u> </u> | | | Rv ⇔ | 31/213161 | | Immers co- | | | | |
| Signature Wendell N. Harkey Owner | | | | | By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR | | | | | | | |
| Printed Name | | | ïtle | | Title | 3. 3 M | .c. i suri | ≈K A IŞÛK | | | | |
| 8-8-91 Date | (915) | 943-74 | | | 11 | · · · · · · · · · · · · · · · · · · · | · | ·- · · · · · · · · · · · · · · · · · · | | | | |

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.

Telephone No.

- 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.