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Appropriate District Office
DISTRICT I
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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## 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

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

Santa Fe, New Mexico 87504-2088

I.							AUTHOR TURAL G					
Operator Operator									'eli API No.			
HARKEY ENERGY,	INC.											
Address 1207 S. KENNET	U MONAU	INNIC	mpv:	3.C 7.C	756							
Reason(s) for Filing (Check proper b		IANS,	TEX	AS /9	756	Oth	er (Please exp	lain)				
New Well	a	nange in	Transp	orter of:	ـــا		(,	/				
Recompletion	Oil		Dry G									
Change in Operator X  If change of operator give name	Casinghead C	as	Conde	nsate		· · · · · · · · · · · · · · · · · · ·						
and address of previous operator	BORDEAUX PE	TROL	EUM,	INC.	511	16t	h STREE	T, STE.	400 E	ENVER,	CO 8020	
II. DESCRIPTION OF WE	LL AND LEAS	E						4	<b>•</b>			
Lease Name Knight WIW	1	ell No.		lame, Includ					of Lease	$\overline{}$	Lease No.	
Location NIW		10	Lang	glie Ma	ttix	7Rv	s Queen	GB State	, Federal or Fe			
Unit LetterM	:1315		Feet Fr	rom The	Vest	Line	e and13	15 F	eet From The	South	Line	
Section 22 Township 24S			Range 37E , NMPM, Lea					ea	County			
III. DESIGNATION OF TR	ANSPORTER	OF O	II. AN	D NATH	DAL C	4 6						
Name of Authorized Transporter of O	il or	Conder	sate	DINATO			e address to w	hich approve	d copy of this	form is to be	seni)	
More Syction well								••				
Name of Authorized Transporter of C	asinghead Gas		or Dry	Gas	Address	(Give	e address to wi	hich approve	d copy of this j	form is 10 be	sent)	
If well produces oil or liquids, give location of tanks.						nually	connected?	When	n ?			
If this production is commingled with IV. COMPLETION DATA	hat from any other le	ease or	pool, giv	e comming!	ing order r	umb	er:					
Designate Type of Completi	on - (X)	il Well	C	Gas Well	New W	'ell	Workover	Deepen	Plug Back	Same Res'v	v Diff Res'v	
Date Spudded	Date Compl. R	Date Compl. Ready to Prod.				Total Depth				J		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casing Shoe			
	ai m	ING	CASIN	IC AND	CEMEN	TTA	C DECOR					
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·												
. TEST DATA AND REQU	EST FOR ALL	OWA	BLE	<del></del> l	·····			<del></del>				
OIL WELL (Test must be afted Date First New Oil Run To Tank	er recovery of total w	olume o	f load of	il and must						or full 24 ho	urs.)	
Date First New Oil Run 10 lank	Date of Test	Date of Test			Producing	Met	hod (Flow, pw	np, gas lift, e	uc.)			
ength of Test	Tubing Pressure	Tubing Pressure				Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbis.	Oil - Bbis.				Water - Bbis.				Gas- MCF		
GAS WELL			<del></del>					· · · · · · · · · · · · · · · · · · ·		<del></del>	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of Test				Dhie Con		1-404CE		10			
	Language of Four	Longar or Year				Bbls. Condensate/MMCF				Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size		
I. OPERATOR CERTIFI	CATE OF CC	MPI	JANG	CE			-		L			
I hereby certify that the rules and reg Division have been complied with an	rulations of the Oil C	onserva	tion			0	IL CON	SERVA	TION E	DIVISIO	NC	
is true and complete to the best of m	y knowledge and bel	ief.	- BOUYE		Dat	te A	Approved		AUG U	1991		
Wendell n. +	Jarkey											
Signature Wendell N. Harkey President					By WELL SIGNED BY CREETON PESTON							
Printed Name 4-1-91 915/943-7420					Title							
Date		Teleph	ione 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.

RECEIVE

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