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, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.	REQ					ND AUTHO					
Operator	TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
HARKEY ENERGY, IN	IC.	.									
Address 1207 S. KENNETH	MON	AHANS,	TEXA	AS 79	756						
Reason(s) for Filing (Check proper box)						Other (Please ex	rplain)				
New Well		Change in		 -							
Recompletion X Change in Operator	Oil Casinghe		Dry Ga Conden	,							
If change of operator give name		PETROL	·		511	l6th STRE	ET STE	400 D	ENVER,	00 80202	
and matrices of previous operator	<u>-</u>					10011 1 1111	B1, 01D.	400	BIV DIC,	30 00202	
II. DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Pool Na	ame Inclu	ding Forma	lion	Kind	of Lease		ease No.	
Knight WIW	·	8	Lang	glie M	attix	7Rvs Quee		Federal on Fe	~		
Location	26	35			South		5.		Woot		
Unit Letter	- :		Feet Fr	om The _	304611	Line and	F	eet From The	West	Line	
Section 22 Township	, 249		Range	37	E	, NMPM,	Lea			County .	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	II. ANI	D NATI	IRAL G	A S					
Name of Authorized Transporter of Oil		or Conder				(Give address to	which approved	l copy of this f	form is to be se	ent)	
None Jy. 10											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						(Give address to	which approved	l copy of this f	orm is to be se	int)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	. Is gas ac	tually connected?	When	?			
If this production is commingled with that if IV. COMPLETION DATA	rom any oti	her lease or	pool, give	e comming	gling order	number:					
Designate Type of Completion	· (X)	Oil Well	C	Gas Well	New W	/ell Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.	·	Total De	pth	l	P.B.T.D.	L		
· · · · · · · · · · · · · · · · · · ·									1.5.1.5.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
			<u> </u>								
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE											
11050 022	ORGING & TODING SIZE				DEPTH SET			SACKS CEMENT			
				·		·			 		
V. TEST DATA AND REQUES					1						
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)					
Date : Not 100 Oil 1101 10 India	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - B	Water - Bbis.			Gas- MCF			
	011 - 2013.				,, 410, 2						
GAS WELL								*			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Con	Bbls. Condensate/MMCF			Gravity of Condensate		
resting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pr	Casing Pressure (Shut-in)			Choke Size		
							······································				
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regular	ions of the	Oil Conserv	ation	CE		OIL CO	NSERV			N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					1 / 1991						
, ,					∥ Da	ate Approv	ea				
Wendell M. Harkey					By						
Wendell N. Harkey	Pre	esident			-,				EKION		
Printed Name 4-1-91 915	/943-74	420	Title		Tit	le					
Date		Teler	hone No		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.