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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TOTHA	ANSP	ORT O	L AND NA	TURA	AL GA			,			
HARKEY ENERGY, I	NC.							Well	API No.				
Acdress 1207 S. KENNETH	MON	AHANS,	тех	AS 79	756			1			• •		
Reason(s) for Filing (Check proper box)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1			her (Plea	se erni						
New Well		Change in	Transpo	orter of		iici (7 iea.	se espi	<i></i>					
Recompletion	Oi1		Dry G										
Change in Operator	Casinghea	4 Co	, -										
If change of operator give name	RDEAUX		Conde		511 16	+5 07	ים בים ו	n cmr	400	DENVED			
and address of previous operator II. DESCRIPTION OF WELL	-		HOPI,	INC.	311 10	LII SI	KEE.	r, STE.	400 1	DENVER,	CO	80202	
Lease Name Knight WIW		Well No.			ling Formation		leen		of Lease Federal on F		Lease N	 o.	
Location]					OB	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>ン」</u>			
Unit Letter P	_ :	15	Feet Fr	rom The	East Li	ne and _	131	.5 F	eet From The	South		_Line	
Section 21 Townshi	p 24S		Range	371	Ξ , N	ІМРМ,	Le	ea .			Cot	ınty	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU									
Name of Authorized Transporter of Oil NEW Linglette	J 109	or Conden	sale		Address (Gi	ve addres	s to wh	ich approved	copy of this	form is to be s	eni)		
Name of Authorized Transporter of Casin	Gas	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 Sec. Twp.			Rge.	. Is gas actually connected? When?								
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, giv	e comming	ling order num	ber:							
Designate Type of Completion	- (X)	Oil Well	0	Gas Well	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	Diff I	les'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Dep	Tubing Depth			
Perforations										Depth Casing Shoe			
		IBING	CASIN	JG AND	CEMENTI	NG DE	CODE			· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	TUBING, CASING HOLE SIZE CASING & TUBING SIZE				CLIVILIVIII	DEPTH	,	1 :	SACKS CEMENT				
		· · · · · · · · · · · · · · · · · · ·		1.1				+		·			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				1						
OIL, WELL (Test must be after re	covery of total	al volume o	f load of	il and must	be equal to or	exceed to	p allow	able for this	depth or be	for full 24 how	rs.)		
Date First New Oil Run To Tank	t 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 - Bbls.				Gas- MCF				
GAS WELL		· · · · · · · · · · · · · · · · · · ·							<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICA	ATE OF (COMPI	LIAN	CE					L				
I hereby certify that the rules and regular	ions of the O	il Conserva	ation			IL C	ONS	SERVA	MOITA	DIVISIO	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 n Ha	rkey												
Wendell N. Harkey President					By A Service Constant								
Printed Name 4-1-91 915	/943-74	7	Title		Title_				real super della				
Date		Teleph	none 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.