Submit 5 Copies
Appropriate District Office
D'STRICT 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

D'STRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT O	L AND NA	TURAL G	AS				
Operator HADNEY ENERGY								API No.			
HARKEY ENERGY,	INC.										
1207 S. KENNET	H MON	AHANS,	TEXA	AS 79	756		-	-			
Reason(s) for Filing (Check proper bo				······································	Otl	her (Please exp	lain)				
New Well		Change in	-	_							
Recompletion Change in Operator	Oil Casinghea		Dry Gas Conden								
If change of operator give name		 -									
and address of previous operator	BORDEAUX	PETROL	EUM,	INC.	511 16	th STREE	T, STE.	400 r	DENVER,	CO 8020	
II. DESCRIPTION OF WEL	L AND LEA	SE									
Lease Name Jamison WIW		Well No. 5	Pool Na Lang	me, Includ glie Ma	ing Formation attix 7R	vs Queen	GB State	of Lease, Federal or Fe		Lease No.	
Location Unit LetterH	131	5 132) Feet Em	om The	North	se and131	5.	eet From The	East		
Section 21 Town	ıship 24S		Range	371	-	_		eet From The		Line County	
W. P. D. C. C. L. C.										County	
III. DESIGNATION OF TRANSPORTER OF Authorized Transporter of Oil	ANSPORTE			<u>NATU</u>							
None - Injection V	Vell	or Condens				ve address to w					
Name of Authorized Transporter of Ca	singhead Gas		or Dry C	Gas	Address (Giv	ve address to w	hich approved	t copy of this f	form is to be s	eni)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	ı ?			
If this production is commingled with the IV. COMPLETION DATA	nat from any other	rlease or p	ool, give	comming	ing order num	ber:					
Designate Type of Completion	on - (X)	Oil Well	G G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth	I		P.B.T.D.	<u> </u>	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas 1	Pay		Tubing Depth			
Perforations								Depth Casin	g Shoe		
	101	IDDIC C	TA CD I	C AND	CE) CE) I				····		
HOLE SIZE	TUBING, CASING AND SING & TUBING SIZE			DEPTH SET				CACKO OFMENT			
	- One	OASING & TOBING SIZE				DEPTH SET			SACKS CEMENT		
. TEST DATA AND REQUI	EST FOR AL	LOWAL	RIE		· · · · · · · · · · · · · · · · · · ·						
OIL WELL (Test must be after				and must	he equal to or	exceed ton allo	wahla for thi	a damih an ha d	6.11.24 L	\	
Date First New Oil Run To Tank	Date of Test		1000 011	una masi	Producing Me	thod (Flow, pu	mp. sas lift. e	ic.)	or juli 24 noui	<u>'s.)</u>	
					•		1.0	,			
ength of Test	Tubing Pressure				Casing Pressur	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>				 -		·	<u> </u>			
Actual Prod. Test - MCF/D	Length of Te	st			Bbis. Condens	ate/MMCF		Gravity of Co	ondensate		
esting Method (pitot, back pr.)	Tubing Proce	The Land of the La									
esuing tricutou (puot, ouck pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC				Œ			0==:				
I hereby certify that the rules and reg Division have been complied with an	d that the inform	ation given.	ion above	į		IL CON	SERVA	ATION E	اهادها وا	'N	
is true and complete to the best of my		belief.		ļ	Date	Approved	i				
Wendell M. Harkey											
Signature Wendell N. Harkey Printed Name	/ Pres	sident			Ву				1		
	5/943-742	20	ille	<u> </u>	Title_	· · · · · · · · · · · · · · · · · · ·			·		
Land		Telepho	one No.	1.	1						

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.