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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

<u>I</u>	7	OTRA	NSP	ORT OIL	_ AND NA	ATUF	RAL GA						
Operator HARKEY ENERGY, I	NC							Well	API No.			•	
Address	NC.							1					
1207 S. KENNETH	MONA	AHANS,	TEXA	AS 797									
Reason(s) for Filing (Check proper box)		~	nr .		Ou	her (Pl	ease expla	iin)					
New Well	Oil	Change in	Dry Ga										
Change in Operator	Casinghead	l Gas	Conden										
If change of operator give name					F11 16	+h c	कवव वर्ष	COTE	400 B	EMILED (20 6	20202	
and address of previous operator	RDEAUX F	FIROL	EUM,	INC.	211 10	tn s	TREET	, STE.	400 L	ENVER,	00 8	30202	
II. DESCRIPTION OF WELL			T=						· · · · · · · · · · · · · · · · · · ·				
Lease Name Knight WIW		Well No.			ing Formation attix 7R		ueen		of Lease Federal or Fe		ease No	٨.	
Location , P		5		0.4			1 2 1		_	m 1			
Unit Letter	_ :		Feet Fr	om The	outh Li	ne and	131	F	eet From The	East		_Line	
Section 21 Townsh	ip 24S		Range	37E	E , N	ІМРМ,	Le	a			Cou	inty	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS								
Name of Authorized Transporter of Oil	1 1	or Conden	sale		Address (Gi	ve add	ess to wh	ich approved	d copy of this f	form is to be se	ent)		
Name of Authorized Transporter of Casin			or Dry	Gas	Address (Gi	we add	ess to wh	ich approved	d copy of this f	form is to be se	en()		
		<u> </u>	J. J.,		7.1022005 (0.		23 IV #1	ши иррголес	copy of mas	om is to be se	,		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actual	ly conr	rected?	When	1?				
If this production is commingled with that	from any othe	r lease or	pool, giv	e commingl	ing order num	iber:							
IV. COMPLETION DATA		10						· · · · · · · · · · · · · · · · · · ·	,				
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Wo	rkover	Deepen	Plug Back	Same Res'v	Diff F	les'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth	٠ـــــــــــــــــــــــــــــــــــــ		L <u></u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Dep	Tubing Depth			
Perforations						Depth Casing Shoe							
	*								Depui Casii	ig snoe			
	TT	JBING,	CASIN	NG AND	CEMENTI	NG F	RECORI	D					
HOLE SIZE	CAS	SIZE		DEP	TH SET			SACKS CEMENT					
· · · · · · · · · · · · · · · · · · ·	 								 				
- W	 												
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE						<u> </u>				
OIL WELL (Test must be after t				il and must	be equal to or	excee	d top allo	wable for thi	s depth or be j	for full 24 how	rs.)		
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pw	np, gas lift, e	etc.)				
Length of Test	Tubing Press	aine		·	Casing Press	ure	· · · · · ·		Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	•			Gas- MCF	Gas- MCF					
GAS WELL	1	· · · · · ·			L				1				
Actual Prod. Test - MCF/D	Length of Te	est			Bbis. Conder	isate/M	MCF		Gravity of C	Condensate			
	Tubing Press												
Testing Method (pitot, back pr.)	Casing Press	ure (Sh	ut-in)		Choke Size								
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE		~				B. 1. 4. 5 : 5			
I hereby certify that the rules and regul					(JIL	CON	SERV	AHONI	DIVISIO	N		
Division have been complied with and is true and complete to the best of my l			n above		_	_			ALIEN A	P7 **			
					Date	App	provec			1991	7		
Wendell 11 7	Harke	/		 	D		,	and the second		A garage and a			
Signature Wendell N. Harkey	7	,	_		By		u t il. Zijer	And the second	<u> </u>	<u>Matori</u> A			
Printed Name			Title										
	5/943-74				11118			.					
Date		i elej	phone No	J.	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.
- 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.

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State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OLL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.	W, 14111 67410				LLOWA						i		
I. TO TRANSPORT O Operator BORDEAUX PETROLEUM COMPANY							• • • •	1011/12	. <u>U</u> ,		I API No.		
Address			0/ EN)OD 64	2 001	1.0				·	<u>.</u>	
333 W. HAMPD Reason(s) for Filing (Chec		OUTIF D	04, EN		, CI	801		er (Please i	ernla	:_1			· · · · · · · · · · · · · · · · · · ·
New Well			Change i			L	Oun	cr (1 12m3 r	стра	a)			
Recompletion Change in Operator		Oil Casinghea	d Gas [Dry Ga				Effe	ecti	ve 3/	1/90		
If change of operator give and address of previous op	name eratorSAI	BA ENER				K 9931	, M				9707		
II. DESCRIPTION									-/		ter Inje		(ST)
Lease Name			Well No.		ame, Includ	_			a	Kin	i of Lease	~	Lease No.
Knight WIW	D		12	Lang	glie Ma		/ KV				A Ballon of		
Unit Letter	P	- :	· 5	_ Feet Fr	om The _	South	. Line	and	315,		ect From The	East	Line
Section	21 Township	p	24S	Range		37E	, NN	ıрм, Le	ea				County
III. DESIGNATION	OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL G	AS						
Name of Authorized Trans	porter of Oil		or Conder	sale				address to	whic	h approve	d copy of this	form is to be	i sent)
Name of Authorized Trans	porter of Casing	head Gas		or Dry (Gas	Address	(Give	address to	whic	h approve	d copy of this	form is so be	sent)
If well produces oil or liqui	ds,	Unit	Sec.	Twp.	Rge.			connected		Whe			
If this production is commin	gled with that f	rom any othe	r lease or	pool, give	comming	ling order i	umbe	.r.					
IV. COMPLETION	DATA		-,				 -,				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· · · · · · · · · · · · · · · · · · ·	
Designate Type of	Completion -	(X)	Oil Well	G 	as Well	New W	'ell	Workover	1	Doepen	Plug Back	Same Res'	v Diff Res'v
Data Spudded		Date Compl	. Ready to	Prod.		Total De	zth				P.B.T.D. "	<u> </u>	
Elevations (DF, RKB, RT, C	A etc.)	Name of Pro	oducing Fo	mation		Top Oil/C	as Pa	ıy			Tubing Dep	th	
Perforations	<u> </u>			· · · · ·		L	 -				Depth Casin	g Shoe	
		דיני	IDING	CACDI	CAND	CTI (E)	~~	a pp.aa			<u> </u>		
HOLE SIZE	I	CASI	ING & TU	BING SI	G AND ZE	CEMEN		EPTH SE				ACKS CE	MENT
													
			····										
. TEST DATA ANI	REQUEST	Γ FOR AL	LOWA	BLE									
	ust be after rec	overy of tota			and must							or full 24 ho	urs.)
Dare Liur Mem Oil Kriz 10.	lank	Date of Test			ļ	Producing	Meth	od (Flow, j	рипир	, gas lift, e	ic.)		
ength of Test		Tubing Press	ure		Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Choke Size								
Actual Prod. During Test	Oil - Bbls.	il - Bbls.							·····	Gus- MCF			
										······································			
GAS WELL Actual Prod. Test - MCF/D		ength of Ter	el .			Bbls. Conc		TRACIONET			12		
						l Conc		CHAINTEL			Gravity of C	MI (SCII BBLE	
esting Method (pitot, back p	7) 7	lubing Press.	ire (Shut-i	n)		Casing Fre	ssure	(Shut-in)			Choke Size		
I. OPERATOR C					E		\bigcirc	1 00			TION		
I hereby certify that the ru Division have been compl	ied with and tha	t the informa	tion given	ition above			Oi	L COI	12	EHVA	TION E		JN Jaaa
is true and complete to the	best of my kno	wledge and i	belief.			Dat	e A	pprove	ed .		M	AR 3 0	1000
Bruce)	17. Fa	tillin	<u>1€></u> 1							Orig	Signed b	A '	
Signature Bruce M. Patter	son-Vice	Presid	lent-E	ngine	ering	By₋ &		<u> </u>		104	deologist		
Printed Name 3/13/90		(303)	7	itle On	erati	ns Title	ə						
Date		(303)		one No.									
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