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

1.		10 IRA	ansh	CHIO	IL AND N	ATURAL G	iAS				
Operator HARKEY ENERGY, INC.							Well API No. 30-025 - 28006				
Address	NC.							30-02	<u> </u>	000	
1207 S. KENNETH	MON	AHANS,	TEX	AS 79	756						
Reason(s) for Filing (Check proper box) New Well		Channe :	т		0	ther (Please exp	lain) ⁴	-			
Recompletion	0.1	Change is	1								
Change in Operator	Oil Cosinghan	40	Dry C								
If change of operator give name	Casinghea		Conde						· · · · · · · · · · · · · · · · · · ·		
and address of previous operator BU	RDEAUX		EUM,	INC.	511 16	th STREE	T, STE.	400 [ENVER,	CO 80202	
II. DESCRIPTION OF WELL	AND LE			···							
Lease Name Knight		Well No. 17			ding Formation			of Lease		.ease No.	
Location		1/	Lan	gile M	attix /F	vs Queen	GB State	, Federal on Fe			
Unit LetterM	6	60	Feet F	rom The	West Li	ne and13	15 F	eet From The	South	Line	
Section 22 Townshi	ip 24S		Range	37	Е ,	IMPM, L	ea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O							<u> </u>	County	
Name of Authorized Transporter of Oil	(X)	or Conder				ve address to w	hich approve	d copy of this	form is to be se	eni)	
Pride Pipeline Compa	any				1	rawer 29				79 7 02	
Name of Authorized Transporter of Casinghead Gas						P.O. Drawer 2948 Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	cation of tanks				1	ly connected?	When	1?			
If this production is commingled with that		22	245	37E	No						
IV. COMPLETION DATA	nom any our	er rease or	poor, gr	ve comming	ung order nun	iber:		····			
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same-Res'v	Diff Res'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 Depth			
Perforations											
renorations								Depth Casin	g Shoe		
	T	UBING.	CASI	NG AND	CEMENT	NG RECOR	<u> </u>	<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	3,10,11,00,11,00,12,00,10,10,10,10,10,10,10,10,10,10,10,10,				001111001			SACIO CEMENT			
				· «	!	-					
V. TEST DATA AND REQUES	T FOR A	LLOWA	RIE								
OIL WELL (Test must be after re				oil and must	he equal to or	exceed ton alla	anabla for thi		6.11 24 Laure	1	
Date First New Oil Run To Tank	Date of Test		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71 6/12 //1451	Producing M	ethod (Flow, pu	mp, gas lift, e	tc.)	or juli 24 nour	<i>s.)</i>	
						•	1.0	•			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	·				<u> </u>						
Actual Prod. Test - MCF/D	Length of Te	st	· · · ·		Bhis Conden	sate/MMCE		Convinue of C			
					Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
/I ODED ATOR CERTIFICA	1 mm 0 m 1	701 7	T 4 = -	GE.	 [!	
I. OPERATOR CERTIFICA				CE		NI CON	CEDV	TION	N/1010	N 1	
I hereby certify that the rules and regulate	ions of the O	il Conserva	tion			DIL CON	SERVA	ATION L	NAIPIO	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 M. H.	In bon								170W		
Signature // // Signature					By						
Wendell N. Harkey	Pre	sident									
Printed Name		7	Title		Title						
Date 915	/943-74				1 1110						
a- 1000		Telepi	one 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.