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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND U.S.G.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 25 1969

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator <u>Agtes Gas Systems Inc.</u>	
Address <u>1806 West Wall, Midland, Texas 79701</u>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <u>Change of Lease Name</u> <u>From L. B. Harrison</u>	

If change of ownership give name and address of previous owner Humble Oil and Refining, Box 2347, Hobbs, New Mexico

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Harrison</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Jalmat</u>	Kind of Lease State, Federal or Fee
Location			
Unit Letter <u>K</u>	<u>1230</u> Feet From The <u>South</u> Line of <u>1980</u> Feet From The <u>WEST</u>		
Line of Section <u>25</u>	Township <u>24S</u>	Range <u>36E</u>	NMPM, <u>Lea</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Co.</u>		<u>Box 1384 Jal, New Mexico</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>Yes</u>	<u>1949</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
		<u>XX</u>						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
HOLE SIZE		ILLEGIBLE						
		ENTING RECORD						
		DEPTH SET				SACKS CEMENT		

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James H. Smith
(Signature)
Vice President
(Title)
Sept 26, 1969
(Date)

OIL CONSERVATION COMMISSION

OCT 6 1969

APPROVED _____, 19____

BY John W. Runyan

TITLE Geologist

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply