

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501
RECEIVED BY
JUL 30 1987
O. C. D. REQUEST FOR ALLOWABLE
AND
APPROVAL TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Hondo Oil and Gas Company
Address
P. O. Box 2208, Roswell, NM 88201
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gas
☐ Condensate
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. L. Keel "B"	Well No. 36	Pool Name, including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee Fed. LC	Lease No. 029435-B
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐ Continental	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 8
	Twp. 17S	Rge. 31E
	Is gas actually connected? Yes	
	When 8-14-87	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

William D. Fulton
(Signature)

Petroleum Engineer

(Title)

July 29, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 21 1987, 19
BY Original Signed By
Las A. Clements
TITLE Supervisor District II

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

If this is a request for allowable for a newly drilled or deepens 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 only Sections I, II, III, and VI 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.H.T.D.			
6/12/87	6/29/87	3760'				3718'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
3838' GR	San Andres	3275'				3293'			
Perforations						Depth Casing Shoe			
3275'-3315' (24 holes OA)									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	419'	400 SXS
7 7/8"	5 1/2"	3760'	550 SXS
	2 3/8"	3293'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
6/29/87	7/20/87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	3236	850	25 1/2

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Blut-in)	Casing Pressure (Blut-in)	Choke Size