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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
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PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-10
Effective 1-1-65

RECEIVED

JUN 8 1966

O. C. C.
ARTESIA, OFFICE

Operator Hondo Oil & Gas Company	
Address P. O. Box 1975, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	Other (Please explain) Change in operator, lease name & well no. from Federal G #1 to Culwin Queen Unit, Well #18, effective 6-1-66
Change in Ownership ☐	

If change of ownership give name J. H. O'Neill, Jr.
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

914-08-0001-8772

Lease Name Culwin Queen Unit	Well No. Pool Name, Including Formation 18 Shuart, Y., SR., G. O.	Kind of Lease State, Federal or Fee Federal	Lease No. *
Location Unit Letter <u>I</u> <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County			

III. DESIGNATION OF AUTHORIZED USER 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 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>1</u> <u>6</u> <u>19S</u> <u>31E</u> <u>No, too small to measure</u>

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

IV. COMPLETION DATA

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, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
CASE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)	
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/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

[Signature] O. C. C. Inspector

[Signature] Building Commissioner

[Signature]

OIL CONSERVATION COMMISSION

JUN 8 1966

APPROVED _____, 19 _____

BY [Signature]

TITLE OIL AND GAS INSPECTOR

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 allow-
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 Form C-104 must be filed for each pool in multiply