

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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-110  
Effective 1-1-65

RECEIVED  
JUN 21 1983

O. C. D.

ARTESIA, OFFICE

I. Operator  
Hondo Oil & Gas Company

Address  
P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hondo 22 State	Well No. 1	Pool Name, including Formation <del>Under No. 1000000000</del> Millman Wolfcamp Oil	Kind of Lease State, Federal or Fee State	Lease No. 648
Location				
Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>19S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corp	Box 1183, Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co.	4001 Penbrook, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 22	Twp. 19S	Rge. 28E	Is gas actually connected? Yes	When 6/15/83

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 9/2/77	Date Compl. Ready to Prod. 3/17/83		Total Depth 11,315'		P.B.T.D. 10,322'			
Elevations (DF, RKB, RT, GR, etc.) 3382.5' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9166'		Tubing Depth 9070'			
Perforations 9166-70', 9174-82', 9184-88', 9192-98'					Depth Casing Shoe 11,312'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½"	13-3/8" OD		403'		340			
12½"	9-5/8" OD		2820'		1400			
8-3/4"	5½" OD		11312'		1585			
	2-7/8" OD		9070'					

V. 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 3/17/83	Date of Test 6/16/83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 900#	Casing Pressure Pkr	Choke Size 1 1/2"
Actual Prod. During Test 115 bbls	Oil-Bbls. 103	Water-Bbls. 12	Gas-MCF 631

POST TO 2  
6-24-83  
Jamp BK

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Richard P. Lawrence  
(Signature)  
Drlg. Engr.  
(Title)  
6/17/83  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 23 1983, 19\_\_\_\_  
BY Leslie A. Clements  
TITLE Supervisor District #

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 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 multiply completed wells.