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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Hondo Oil & Gas Company Well							API No. 300250530900			
Address										
P. O. Box 2208, Roswell, New Mexico 88202-2208										
Reason(s) for Filing (Check proper box) [X] Other (Please explain) New Well Change in Transporter of:										
Request authority to sell 352 bbls.									bls.	
Change in Operator	skim oil - November 1991.									
	Casinghead Gas	Conden								
If change of operator give name and address of previous operator						·····			· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name					ing Formation Kind			of Lease No.		
Denton SWD	1 Denton			(Devonian & WC)			Bookin Fee			
Location		·								
Unit LetterD	660	Feet Fro	om The W	est Lin	e and660	. F	et From The	North	Line	
Section 13 Township	, 15S	Range	37	E, N	мрм,]	Lea	County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AN	D NATU							
· • • • • • • • • • • • • • • • • • • •					Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Compa				P 0.	Box 155	8, Brec	kenridge	e, TX 7	6024	
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.				le gas actually	y connected?	When	?			
C	1 13	15	37	No						
If this production is commingled with that it IV. COMPLETION DATA	from any other lease or	pool, giv	e commingl	ing order numb	жг:			 		
IV. COMPLETION DATA	12									
Designate Type of Completion	Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		- L		Total Name	L					
Date Spudded	Date Compl. Ready to) PTOOL		Total Depth			P.B.T.D.			
The description of the state of				Top Oil/G2s Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Old Gas Fay			Tubing Depth			
Perforations				L			Darth Casia	Depth Casing Shoe		
1 Old maria							Deput Casta	g 2110e		
	TIPDIO.	0.400	10 115	CITAL CITAL MANAGEMENT	n=con		<u> </u>			
TUBING, CASING AND				CEMENTI		ש	0.000.051.51.5			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			ļ	SACKS CEMENT		
	 				 	····	ļ			
	 	·····								
				ļ			 			
V. TEST DATA AND REQUES	T FOR ALLOW	ARIF		<u> </u>			1			
	ecovery of total volume		il and must	he equal to or	exceed top allo	unhle for thi	e dansk or ha f	or full 24 hou	re 1	
Date First New Oil Run To Tank	T	oj ioda o	u una musi					or just 24 nou	7.3.7	
	Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
	Two ng Treesare									
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF		· · · · · · · · · · · · · · · · · · ·	
,	On Bus.									
	J			<u> </u>			<u>i</u>			
GAS WELL		<u>.</u>								
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of C	ondensale		
							Charle Sina			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	(-m)		Casing Pressure (Shut-in)			Choke Size			
	<u> </u>					·	<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL OONOEDVATION DIVIDION					
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above				[-			JAN 1	רףי ח		
is true and complete to the best of my knowledge and belief.				Date	Approve	d t	JHIA T	U 32		
2016 All					11			, <u></u>		
Mala Se Jeune				By_	ORIGINAL	SIGNED I	Y JEDOV (WATTON		
Signature Karla LeJeune Regulatory Secretary				By ORIGINAL SIGNED BY JEDRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Regulatory Secretary Title				Title						
01 / 08/92 (505)625-6745										
Date		phone N	0.							

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.

RECEIVED

BAN 09 1392

HOBBL LIVER