## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 20'89

000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAL	BLE AND	AUTHORE	ZATION	O. C. D.			
		NSPORT OI				ARTESIA, OFFIC	E		
perator		Well API No.							
Hondo Oil & Gas Compa	my V								
ddress	y v								
P. O. Box 2208, Roswe	ell. NM 8820	)2							
eason(s) for Filing (Check proper box)			Oth	er (Please expla	in)				
ew Well	Change in	Transporter of:							
ecompletion	oii 🗆	Dry Gas							
hange in Operator	Casinghead Gas	Condensate							
change of operator give name d address of previous operator									
. DESCRIPTION OF WELL A	ND LEASE								
ease Name	Well No.	Pool Name, Includ	ing Formation		Kind o	f Lease		ase No.	
H. E. West "A"	15	Grayburg	Jackson	52-Ch. 6-6	Story.	Federal ox ReeX	LC-02	29426-A	
ocation									
Unit Letter A	, 660	_ Feet From The _N	North Lin	e and330	Fe	et From The	East	Line	
								County	
Section 3 Township	17S	Range 31E	, N	МРМ,	Eddy			County	
II. DESIGNATION OF TRANS	SPORTER OF O		URAL GAS	<del></del>		0.11	- In A - I		
Name of Authorized Transporter of Oil	or Conde		Address (Gi	ve address to w	hich approved	copy of this form	1 is to be se	51-1188	
TO ACCOUNT OF THE PARTY OF THE				Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 2528 Hotels NM 28240  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing	head Gas X	or Dry Gas						nt)	
Conoco						and. TX	79702		
if well produces oil or liquids,	Unit Sec.	Twp. Rg		lly connected?	When	1-3	79		
ive location of tanks.	A 4	175 31E		100	l	1-2	-//		
f this production is commingled with that f	from any other lease of	r pool, give commin	igling order pun	nber:			,		
V. COMPLETION DATA			1 32 322 11		I D	Plug Back S	ma Daciu	Diff Res'v	
Designate Type of Completion	Oil We	II Gas Well	New Well	Workover	Deepen	I Flug Back [5:	title Ve2 A	l Keav	
			Total Depth	_ <b>_</b>	<u> </u>	P.B.T.D.		l	
Date Spudded	Date Compl. Ready	to Ptod.	Total Depth						
11/22/88	1/6/89	Top Oil/Gas	4090 ' Top Oil/Gas Pay			4037'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Top Old Gas	•			Tubing Depth			
3990' GR Grayburg San Andres				3479'			3977' Depth Casing Shoe		
Perforations						1 '			
3479-3684', 3713-392	6', 3943-404	6, CASING AN	CEMENT	TNG PECOI	2D	1 40	90'		
			D CEIVIEN I	DEPTH SE		SA	CKS CEN	ENT	
HOLE SIZE		CASING & TUBING SIZE				450 sx. Class C			
12 1/4"	8 5/8		685' 4090'			1000 sx. HLC + 300 sx			
7 7/8"	5 1/2			4090.			Class C		
	2 3/8			3977'		Crass_C			
TO THE PARTY AND DEOLIE				3911		<u> </u>			
V. TEST DATA AND REQUES	recovery of total volum	v szemen ve of load oil and ve	ust be equal to	or exceed top a	llowable for th	is depth or be fo	r full 24 ho	urs.)	
OIL WELL (Test must be after )  Date First New Oil Run To Tank	Date of Test	m oj ioau on unu m	Producing 1	Method (Flow,	pump, gas lift,	etc.)	<del></del>	<del>_</del> _	
_		7/89	- I	mping			Pass	4FD-2	
1/13/89 Length of Test	Tubing Pressure	., 55	Casing Pres			Choke Size	2	-24-89	
-	1 TOING 1 TOSAGIC						rem	1 + BIT	
24 hrs. Actual Prod. During Test			Water - Bb	Water - Bbls.			Gas- MCF		
Actual Flore During Feet			30			60			
	11	<u>ن</u>							
GAS WELL	Transfer of Trans		Rhie Cond	lensate/MMCF		Gravity of Co	ndensate		
Actual Prod. Test - MCF/D	Length of Test		Boile. Colle						
	ting Method (nitet, back pr.)  Tubing Pressure (Shut-in)		Casing Pre	Casing Pressure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Tabling Treesure (S								
THE OPERATOR OF THE OPERATOR	TATE OF COL	ADI TANCE							
VI. OPERATOR CERTIFIC				OIL CC	NSER\	/ATION [	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation									
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved FEB 2 0 1989					
is the and complete to the oest of my			ll Da	ite Approv	reu				
( an ( -)	Des 2								
			-    Ву		Orimir	al Signed	By		
Signature Ron Brown Engineer				Mike Williams					
Printed Name		Title	Tit	le	· · · · · ·				
1/19/89	505/625		_    '''						
Date		Telephone No.	H						

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.