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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

(DEVIATION SURVEYS ON BACK SIDE)

Operator		RECEIVED	
Address		JAN 14 1966	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change lease name from	
Recompletion	<input type="checkbox"/>	Honolulu oil corp. to unit	
Change in Ownership	<input type="checkbox"/>	US A to HOC Fed. Gas com.	
Change in Transporter of:		ARTESIA, OFFICE	
Oil	<input type="checkbox"/>		
Dry Gas	<input type="checkbox"/>		
Casinghead Gas	<input type="checkbox"/>		
Condensate	<input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
HOC-FEDERAL GAS COM	1	INDIAN BASIN-UPPER PENN	State, Federal or Fee FED.
Location			
Unit Letter	F	1650 Feet From The NORTH Line and 1650 Feet From The WEST	
Line of Section	13	Township 22-S Range 23-E, NMPM, EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
San American Petro. Corp. (Trucks)				Box 1725 Midland Texas
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gas Co				Carlsbad, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	F	13	22	23
Is gas actually connected? When				
No (APR 3-1-66)				

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-15-65	12-30-65	7897'	7857'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
INDIAN BASIN-UPPER PENN - GISCO CANYON REEF		7702'	7800'					
Perforations			Depth Casing Shoe					
7702-13', 20'-28', 50'-98' w/ 2 1/2" SPF			7897'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	209	300					
12 1/4"	8 5/8"	2294	515					
7 7/8"	5 1/2"	7897	150					

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	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
1.700	21	NA	NA
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	600	PACKER	22/64

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.

0-4-NMOCC-A

1- JMG
1- JWB
1- KWB

2- RRY

2- SUPERIOR OIL CO

Box 1900

MIDLAND

(Signature)

Area Suph

(Title)

1-12-66

(Date)

OIL CONSERVATION COMMISSION

JAN 14 1966

APPROVED _____, 19

BY M. L. Armstrong

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 allowable on new and recompleted wells.

Fill out Sections I, II, III, and IV only 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.

DEVIATION SURVEYS

DEPTH	DEVIATION
630 -	1 -
830 -	1 -
1162 -	1 -
1870 -	1 -
2199 -	1 1/2
2530 -	1 1/2
2890 -	1 1/2
3660 -	3/4
3926 -	1/2
4393 -	1 -
4936 -	3/4
5115 -	1/4
5375 -	1/4
5759 -	"
6300 -	"
6796 -	"
7037 -	1 -
7388 -	1/2
7885 -	

The above are correct to the best of my knowledge

Area Superintendent.

Sworn to this date, the 12th day of January, 1966.



D. R. Moorhead
Notary Public for Lee Co. N.M.

Commission Expires 6-18-68