

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input 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
 JUL 25 1984
 O. C. D.
 ARTESIA, OFFICE

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. Operator
 Address: Quince Oil & Gas Inc.
P.O. Box 1714 El Dorado AR 71730
 Reason(s) for filing (Check proper box):
 New Well ☒ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
 Other (Please explain):
 If change of ownership give name and address of previous owner:

UNLESS AN EXCEPTION FROM
 THE B. L. M. IS OBTAINED
 FLARED AFTER 9-2-84
 UNLESS AN EXCEPTION FROM

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hondo Federal</u>	Well No. <u>11</u>	Pool Name, including Formation <u>Windmill San Andres</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>15-S</u> Range <u>24-E</u> NMPM, <u>Chaves</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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>M</u> Sec. <u>10</u> Twp. <u>15-S</u> Rge. <u>24-E</u> Is gas actually connected? <input type="checkbox"/> When

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>5/2/84</u>	Date Compl. Ready to Prod. <u>7/24/84</u>	Total Depth <u>2616' T.D.</u>	P.B.T.D. <u>2580' PRTD</u>					
Pool <u>Windmill - San Andres</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>2453'</u>	Tubing Depth <u>2450'</u>					
Perforations <u>2453' to 2567'</u>	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe <u>2616'</u>					
HOLE SIZE <u>10 3/4"</u>	CASING & TUBING SIZE <u>8 5/8" - 23#</u>	DEPTH SET <u>250'</u>	SACKS CEMENT <u>200 5x</u>					
<u>7 7/8"</u>	<u>4 1/2" - 95#</u>	<u>2616'</u>	<u>200 3x</u>					
<u>2 3/8" 4 1/2"</u>	<u>2 3/4" - 66#</u>	<u>2450'</u>						

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 <u>7/24/84</u>	Date of Test <u>7/25/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>50 #</u>	Choke Size <u>None</u>
Actual Prod. During Test <u>20 BFPP</u>	Oil-Bbls. <u>10-BOPD</u>	Water-Bbls. <u>10-BMPP</u>	Gas-MCF <u>N/I</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

Leslie A. Clements
 (Signature)
Vice President
 (Title)
7/25/84
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 31 1984, 19
 BY Original Signed By
Leslie A. Clements
 TITLE Supervisor District II

This form is to be used 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 VI 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.

Post ID-2
 7-27-84
 Camp + BK