	NO. OF COPIES RECEIVED			
	DISTRIBUTION		CONSERVATION COMMISSION	
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
	FILE	]	AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA		AS _
	LAND OFFICE			EIVED
	TRANSPORTER OIL	-	REL	
	GAS	_		0.1071
	OPERATOR	4	11	L 2 3 1971
I.	PRORATION OFFICE			······
		V		
	Hondo Oil & Gas Compa	ny		TESIA, OFFICE
	D O Box 1978 Poswo	11, New Mexico 88201	، نیمر ۱	
	Reason(s) for Hing (Check proper box,		Other (Please explain)	
	New Woll	Change in Transporter of:	Change in operation	ator name from
	Recompletion Oil Dry Gas Hondo International Yates			
	Change in Ownership	Casinghead Gas Conder		
	If change of ownership give name and address of previous owner	;		
п.	DESCRIPTION OF WELL AND	LEASE Well-No. Pool Name, Including F	ormation Kind of Lease	
	Lease Name State "A"			20022 1101
	Location	20 Empire Ab		crFee State 647
		South	220	Wast
	Unit Letter;990	Feet From The South Lin	ne and Feet From *	The West
	Line of Section 25 Tow	wnship 17S Range	28Е , ММРМ,	Eddy County
				Hady county
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	45	
	Name of Authorized Transporter of Oil		Address (Give address to which approx	ed copy of this form is to be sent)
	Amoco Pipeline Compan	ly .	3411 Knoxville Ave.	
~	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which approv P. O. Box 68, Hobbs,	new Mexico 88240
	50% Amoco Production 50% Phillips Pipeline	e Company	Phillips Bldg. 4th &	Wash. Odessa, Tex.79760
	If well produces oil or liquids,	Unit Sec. Twp. Pige.	Is gas actually connected?	$A_{1410}  9 = 7 = 60$
	give location of tanks.	P 26 17S 28E	Yes	РР 9-7-60
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	1
	COMPLETION DATA			
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	·			P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
	Flowetters (DE PKP PT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Pointation		· using Depth
	Perforations	<u> </u>		Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				· · · · · · · · · · · · · · · · · · ·
			<u> </u>	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
	OIL WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks Date of Test		Producing Mathod (riow, pump, gas in), attin	
		Zahira Daarau	Casing Pressure	Choke Size
	Length of Test	Tubing Pressure	Caring Freebaue	
	Actual Prod, During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	Actual Proa, During Test			
		<u></u>		.L
	GAS WELL			•
	Actual Prod. Test-MCF/D	Length of Test	Bble, Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
				· · · · · · · · · · · · · · · · · · ·
vi	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
			JUL 2 8 1	
	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.		BY A Grossett	
			TITLE CAS INSPECTOR	
			This form is to be filed in compliance with RULE 1104.	
	Sr. Acctg. Clerk		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.	
	<u>Sr. Acctg. Clerk</u> (Title)		All sections of this form must be filled out completely for sllow- able on new and recompleted wells.	
	July 23, 1971		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.	
	(Date)			
	1		II Separate Forms C-104 mus	t be filed for each pool in multiply