

REQUEST FOR (OIL) - (GAS) ALLOWABLE  
 New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-104 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico (Place) 7-28-60 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Hondo Western Yates (Company or Operator) State 'A' Well No. 24, in NW 1/4 SE 1/4, (Lease)

J, Sec. 26, T. 17-S, R. 28-E, NMPM, Empire Abo Undesignated Pool

Eddy County. Date Spudded 7-9-60 Date Drilling Completed 7-22-60

Please indicate location:

D	G	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3663 Total Depth 6322 PBD 6291

Top Oil/Gas Pay 6023 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 6152 - 6172 2/ft

Open Hole Depth 6326 Casing Shoe 5866 Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 72 bbls. oil, 0 bbls water in 6 hrs, 0 min. Choke Size 16/64

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	708'	350
5-1/2"	6326'	170 Units of HYE 100 Incor 1/2 gal.
2" EUE	5866'	

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1,000 gallons 15% regular acid, Incor 1/2 gal.

Casing Tubing Date first new Press. Packer Press. 325 oil run to tanks 7-22-60

Oil Transporter Service Pipe Line Company

Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved AUG 1 1960 7-28-60, 19

Hondo Oil & Gas Company (Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

By: M.L. Armstrong

Title: Dist. Prod. Supt.

Title

Send Communications regarding well to:

Name: A. J. Deans

Address: Box 125, Artesia, New Mexico

**OIL CONSERVATION COMMISSION  
ARTESIA DISTRICT OFFICE**

No. Copies Received 7

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