1	NO. OF COPIES RECEIVED							
	DISTRIBUTION	NEW MEXICO OIL C	NEW MEXICO OIL CONSERVATION COndition			Form C-104		
	SANTA FE		FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65			
	FILE		AND					
	U.S.G.S.	AUTHORIZATION TO TRA						
	LAND OFFICE		AUTHORIZATION TO TRANSFORT OLE AND NATORAL GAR VED					
	TRANSPORTER OIL	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS VED REDEAT						
	OPERATOR							
-								
1.	PRORATION OFFICE	L						
	Hondo Oil & Gas Comp	anv /		a.	L. L. UFFICE			
	Address							
	P. O. Box 1978, Roswell, New Mexico 88201							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	Change in Transporter of:	Change in operator name from Hondo International Yates					
	Recompletion	Oil Dry Gai						
	Change in Ownership	Ownership Casinghead Gas Condensate Effective 6-18-71.						
	If change of ownership give name and address of previous owner	,						
П.	DESCRIPTION OF WELL AND	LEASE				_		
	Lease Name	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.		
	State "A"	25 Empire Ab	0	State, Federal	<sup>or Fee</sup> State	647		
	Location							
	Unit Letter P ; 660	DFeet From The South Line	e and <u>660</u>	Feet From 1	The East			
	Line of Section 26 Tow	mship 17S Range	28E , NMP	м,	Eddy	County		
III.		TER OF OIL AND NATURAL GA	S	to which approv	ed copy of this form is t	to be senti		
/	Name of Authorized Transporter of Oil							
	Amoco Pipeline Compa	3411 Knoxville Ave. Lubbock, Tex. 79413						
./	Name of Authorized Transporter of Cas 50% Amoco Production	Such an of Production Company of Dry Gas			Adapess 6. Box 88, "Hobbs, New Mexicorn 88240" ent)			
	50% Phillips Pipelin	-			Wash. Odessa,	Tex.79760		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connec	ted? Whe	<sup>n</sup> AMO <b>9-7-6</b> 0	)		
	give location of tanks.	P 26 17S 28E	Yes		<u>PP 9-7-60</u>			
	If at is conduction in commingled with	h that from any other lease or pool,	give commingling ord	er number:		•		
IV	COMPLETION DATA	in that nom any other pourse or poor,						
		Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	s'v. Diff. Res'v		
	Designate Type of Completion	n = (X)		1	i ' i	1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
					•			
	Perforations				Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECO	RD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	BET	SACKS CEN	MENT		
		· · · · · · · · · · · · · · · · · · ·						
		<u> </u>	<u>↓</u>			- <u></u>		
			(	lume of load oil i	and must be equal to or	exceed top allow		
<b>v</b> .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks	OIL WELL			Producing Method (Flow, pump, gas lift, etc.)			
	Date First New OIL Hair 15 Tanks							
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Length of Test							
	La J. Dud. Dudes Test	Oil-Bbls.	Water-Bbls.		Gas-MCF			
	Actual Prod. During Test							
	I				•			
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF	Gravity of Condensate	•		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shu	t-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIAN	11 -		TION COMMISSIO	N.			
	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.		APPROVED JUL 28 1971 . 19					
			SIL AND GAS INSPECTUR					
			TITLE					
			This form is to be filed in compliance with RULE 1104.					
	D.L. Anochillard Asignature)		to the an encount for ellowable for a newly dellies or despend					
			I woll this form must be accommended by a tabuletion () 109 caviation					
			tests taken on the well in accordance with NULA 111.					
	Sr. Acctg. Clerk		All eactions of this form must be filled out completely for allow					
	(Title)		able on new and recompleted wells.					
	July 23, 1971		Fill out only Sectiona I. II. III. and VI 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 multipl					
	(Date)							
			·· Separate ror	w-row nue				