	NO. OF COPIES RECEIVED	7		
	DISTRIBUTION		CONSERVATION CC ISSION	_
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-		
	FILE	AND Effective 1-1-65		
	LAND OFFICE	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	L GAS
	TRANSPORTER OIL	-1		BEIVED
	GAS .		, RE	
	OPERATOR			101 - 1571
1.	PRORATION OFFICE Operator			
	Hondo Oil & Gas Company /			
	Address			
	P. O. Box 1978, Roswell, New Mexico 88201 1 Reason(s) for filing (Check proper box) Other (Please explain)			
	New We!!	Change in Transporter of:		erator name from Hondo
	Recompletion	Oil Dry Go		•
	Change in Ownership	Casinghead Gas Conder	nsate Effective 6-1	18-71.
	If change of ownership give name	:		
	and address of previous owner			
11.	DESCRIPTION OF WELL AND			
	Lease Name	Well No. Pool Name, Including F		Lease no.
	State "A"	31 Empire Abo	State, Fea	deral or Fee State 647
	Unit Letter L ; 165	0 Feet From The South Lin	990 Free Fr	West
	Unit Letter;000	Fest riom the Double Lin	he and Feet Fr	om The
	Line of Section 26 Tox	wnship 178 Range	28E , NMPM,	Eddy County
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	с. С.	
	Name of Authorized Transporter of Oil			oproved copy of this form is to be sent)
1000	Amoco Pipeline Company			Lubbock, Tex. 79413
	Name of Authorized Transporter of Cas 50% Amoco Production (Apt: 0 (GiBoxdd 68 to which ap	, New Mex1co 88240
	50% Phillips Pipeline	Company	Phillips Bldg. 4th 8	& Wash, Odessa, Tex. 7976
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. P 26 17S 28E	Is gas actually connected? Yes	When AMO 9-7-60
	If this production is commingled with	th that from any other lease or pool,		PP 9-7-60
	COMPLETION DATA			
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
	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
		1	<u> </u>	
	Perforations			Depth Casing Shoe
:	······································	TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
'		<u> </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 allow			
:	OIL WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s 1171, etc.j
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
ļ		<u> </u>	<u> </u>	
	GAS WELL			
ſ	Actual Prod, Test-MCF/D	Length of Test	Bbls. Condensiate/MMCF	Gravity of Condensate
Į				
ſ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
[
VI.	CERTIFICATE OF COMPLIANO	CE	43 8 6	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUL 20	. 19
	Commission have been complied w above is true and complete to the	ith and that the information given	BY W.a.	gressett
	BOOVE IN THE AND COMPLETE TO THE	best of my knowledge and benefit		
			TITLE PIL AND GAS INSA	
	De L. Shackel Joy d		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendent well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
-				
	Sr. Acctg. Clerk			
-	(Title)		All sections of this form must be filled out completely for allow shie on now and recompleted wells.	
	July 23, 1971		Fill out only Syctions L	. II. III. and VI for changes of owner
	(Date)		well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply	