	NO. OF COPIES RECEIVED	<b>-</b>		
		4		
	DISTRIBUTION SANTA FE	- NEW MEXICO OIL	CONSERVATION CL ISSI	DN Form C-104
	FILE			Supersedes Old C-104 and C-1.
	h	-	AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	TRANSPORTER OIL			
	GAS	<b>r</b>	RECEIVED	
	OPERATOR	_		,
1.	PRORATION OFFICE		JUL 2810:	
	Operator			
	Hondo Oil and Gas Company $$			
	Address			
	P. O. Box 1978, Roswe	ell, New Mexico 88201		
	Reason(s) for filing (Check proper box	)	Other (Please expl	ain)
	New Well	. Change in Transporter of:	Change in	operator name from Hondo
	Recompletion	Oil Dry		onal Yates effective 6-18-71
	Change in Ownership	Casinghead Gas Conc	densate	
	•			
	If change of ownership give name and address of previous owner	;		
П.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including	Formation Kind	of Lease Lease No.
	State "A"	3 Empire Ab	O State	, Federal or Fee State 647
	Location			
	Unit Letter N ; 1980	DFeet From TheVestL		South
	Unit Detter	Feet From The	line and Fe	et From The
	Line of Section 32 Toy	waship 17S Range	28E NMPM	Eddy
		Hange	28E , NMPM,	Eddy County
ш	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL -	246	
	Name of Authorized Transporter of Oil	or Condensate		ch approved copy of this form is to be sent)
	1	- <b>A L</b>		
	Amoco Pipeline Company		3411 Knoxville A	Ave., Lubbock, Texas 79413
	Nan 50% Au Amo 60 Productions		Address (Give address to whi	ch approved copy of this form is to be sent)
	50% Phillips Petrole		Phillips Petrole	bbbs, New Mexico 88240 aum Bldg, 4th & Wash, Odessa, When AMO 9-6-60 Texas
	If well produces oil or liquids,	Unit Sec. Twp. P.ge. P 31 17S 28E	Is gas actually connected?	When AMO 9-6-60 Texas
	give location of tanks.		Yes	PP 9-1-60 Texas
	If this production is commingled wit	th that from any other lease or pool	l, give commingling order num	ber:
IV.	COMPLETION DATA	· · ·	· • · · · · · · · · · · · · · · · · · ·	
	Designate Type of Completio	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	m = (x)		
	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, AN	D CEMENTING RECORD	
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
İ				JACKS CEMENT
ν.	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, WEIL able for this depth or be for full 24 hours)			
i	OIL WEAL 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 lift, etc.)			
			Producting Notice [1 tow, pam]	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Caring Freesawe	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls,	0
	Actual Field, Daring Test		wuler - DDIS.	Gas-MCF
Į, į		L	_1	
<i>,</i>	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
E				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
ĺ				
VI.	CERTIFICATE OF COMPLIANC	CE	OIL CONS	ERVATION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUL 2 8 1971 19	
(	Commission have been complied w:	ith and that the information given	BY_W.a. Gresset	
1	above is true and complete to the	best of my knowledge and belief.		
			TITLE OIL AND GAS	SINSPECTan
	-		1116-5	
	A.L. Strackiller (Signature)		This form is to be filed 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 allow-	
_				
-				
	Sr. Accounting Clerk			
-	(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	7-23-71		Fill out only Sections I, 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	