

REQUEST FOR (OIL) - (GAS) ALLOWABLE

JUN 9 1960
 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-101 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 6-6-60
 (Place) (Date)

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

..... Hondo-Western-Nates State 'A', Well No. 14, in NW $\frac{1}{4}$, NW $\frac{1}{4}$,
 (Company or Operator) (Lease)
 B Sec. 35 T. 17-S R. 28-E NMPM, Empire Abo Undesignated Pool
 Unit Letter

..... Eddy County. Date Spudded 5-24-60 Date Drilling Completed 5-31-60
 Please indicate location: Elevation 3678 Total Depth 6350 PBD 6324
 Top Oil/Gas Pay 5972 Name of Prod. Form. Abo

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

PRODUCING INTERVAL -
 Perforations 6210 - 6230 2/ft.
 Open Hole _____ Depth _____
 Casing Shoe 6350 Tubing 6012

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 Choke load oil used): 216 bbls. oil, 0 bbls water in 6 hrs, _____ min. Choke Size 16/64

GAS WELL TEST -
 Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
 Method of Testing (pitot, back pressure, etc.): _____
 Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____
 Choke Size _____ Method of Testing: _____

660 F N 1980 F E

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>739'</u>	<u>300</u>
<u>5-1/2"</u>	<u>6350'</u>	<u>125 Units HSS cement</u>
<u>2" KUE</u>	<u>6012'</u>	<u>150 sks.</u>

_____ or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. 15% rog. acid through perforation
 Casing Tubing _____ Date first new _____
 Press. Packer Press. 750 oil run to tanks 6-1-60
 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: JUN 9 1960, 19.....

OIL CONSERVATION COMMISSION
 By: M. L. Armstrong
 OIL AND GAS INSPECTOR
 Title _____

..... Hondo Oil & Gas Company
 (Company or Operator)
 By: [Signature]
 (Signature)
 Title: Dist. Prod. Supt.
 Send Communications regarding well to:
 Name: A. J. Deans
 Address: Box 125, Artesia, New Mexico

OIL CONSERVATION COMMISSION

ARTERIA DISTRICT OFFICE

No. Copies Received

Date

U.S. S.

U.S. DEPARTMENT OF THE INTERIOR

U.S. DEPARTMENT OF MINES