1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Operator  Hondo Oil and Gas  Address  P.O. Box 1710, Ho  Reason(s) for filing (Check proper box)  New We!l	REQUEST F  AUTHORIZATION TO TRAN		Supersedes Old C-104 and C-110 Fifective 1-15 RECEIVED BY  JAN 26 1984  O. C. D. ARTESIA, OFFICE	
	Recompletion Change in Ownership	Change in Ownership Casinghead Gas Condensate to test and complete well.			
	change of ownership give name address of previous owner				
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.	
	State BV "A"	1 Eddy Undesignat	ted Glorieta State, Federal	or Fee State 647	
	Unit Letter A; 330	Feet From The North Line	and 330 Feet From T	The East	
	Line of Section 25 Tow	nship 17S Range	28E , NMPM, Edd	ly County	
II.	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)				
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When				
	give location of tanks.  A 25   178   28E   No  If this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completio	Oil Well Gas Well	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	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOOIL WELL    Date First New Oil Run To Tanks	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
÷	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	William States		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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.  O. L. Shacklyster  (Signature)		APPROVED FEB 1 0 1984  Original Signed By  BY Leslie A. Claments  TITLE Supervisor District II  This form is to be filed in compliance with RULE 1104.		
	Sign	ature!	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.		
	Engrg. Tech. Spec.  (Title)  1/25/84  (Date)		All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out only Sections 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 multiply		