

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-111
Effective 1-1-85REQUEST FOR ALLOWABLE AND
TRANSPORT OIL AND NATURAL GASRECEIVED BY
AUTHORIZATION TO
JAN 16 1985O. C. D.
ARTESIA, OFFICE

Operator Hondo Oil & Gas Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	This well has been placed in the pool designated below. Please notify the Commission within 10 days if you are NOT in agreement with this action.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CC	Well No. 1	Pool Name, including Formation South Empire Wildcat Atoka Gas	Kind of Lease State, Federal or Fee State	Lease No. 647
Location Unit Letter N ; 990 Feet From The South Line and 2235 Feet From The West Line of Section 26 Township 17S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 17	Rge. 28	Is gas actually connected? yes No - SIWOPLC	When 7/10/86

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10/4/84	Date Compl. Ready to Prod. 12/26/84		Total Depth 10,900'		P.B.T.D. 10,400'			
Elevations (DF, RKB, RT, GR, etc.) 3672.1' GR	Name of Producing Formation Atoka Gas		Top Oil/Gas Pay 10,011'		Tubing Depth 9956'			
Perforations 10,011, 12, 13, 14, 15, 16, 17, 10,018'					Depth Casing Shoe 10,900'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20" cond Pipe	30'	3 yds Redi-mix
17½"	13-3/8" OD	669'	950 sx
11"	8-5/8" OD	2600'	1050 sx
7-7/8"	5½" OD	10,900'	1740 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D CAOF 14,326	Length of Test 4 pt	Bbls. Condensate/MMCF 7.9	Gravity of Condensate 52.3°
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 3281#	Casing Pressure (Shut-in) Pkr	Choke Size Various

VI. CERTIFICATE OF COMPLIANCE

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.

Elizabeth S. Bush
(Signature)
Drlg. Engr.

1/10/85

(Title)

(Date)

OIL CONSERVATION COMMISSION

NOV 24 1986

APPROVED _____, 19____

BY _____
Original Signed By
Les A. ClementeTITLE _____
Supervisor District II

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 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 completed wells.