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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico RECEIVE nergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210 AIIC 17 '80

P.O. Box 2088

DISTRICT III	טט זי (	Si	anta Fe, New M							
	OFFCE TESIA, OF	JEST F	OR ALLOWAE ANSPORT OIL	BLE AND A	AUTHORIZ TURAL GA	ATION S				
Operator					· OT IT LE COT	Well A	Pl No.	<del></del>		
Hondo Oil & Gas Compan Address	ny 🗸	···							<del></del>	
P. O. Box 2208, Roswe	11, NM	8820	2	<del></del>		<del></del>	<del></del>			
Reason(s) for Filing (Check proper box)  New Well		Change is	n Transporter of:	∐ Օմհ	er (Please expla	in)				
Recompletion	Oil		Dry Gas							
Change in Operator	Casinghea	,	Condensate							
f change of operator give name nd address of previous operator										
I. DESCRIPTION OF WELL	AND LE	ASE								
Lease Name	Well No. Pool Name, Include									
H. E. West "A"		2	Grayburg	Jackson	/R-Q-G-SA	XXXX	Federal orXfxox	Lc-02	9426-A	
Location Unit LetterB	_ ;	660	_ Feet From The	North Lin	e and 1980	Fe	et From The	ast	Line	
Section 4 Township 17S Range 31E										
						1	<del></del>		County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF Conde			anddrass to1	ich ann	cany of this for	ie to be -		
					Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline  Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. Box 2528, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)					
Conoco							nd. TX 79702			
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		y connected?	When		7/02	<del></del>	
give location of tanks.	A 4		178   31E	Yes	,		5/6/60			
f this production is commingled with that ( V. COMPLETION DATA	from any of	her lease or			ber:					
	~~	Oil Wel	II Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	· · ·	_l		1	<u> </u>		<u></u>			
Date Spudded	Date Com	ipl. Ready t	lo Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations	<u> </u>	<u></u>	· · · · · · · · ·				Depth Casing S	hoe		
		7710010	CACINIC AND	CTC) CTC) ITC				7	<del></del>	
NOI E CIZE	CEMENTI	NG RECORI	<u> </u>	SACKS OF MENT						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							Post ID-3			
							8-25-89			
	1							chg LT: EDT		
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE				<del>~</del>	····		
OIL WELL (Test must be after re	ecovery of t	total volum	e of load oil and mus	be equal to o	exceed top allo	wable for thi	s depth or be for	full 24 how	rs.)	
Date First New Oil Run To Tank	Date of To	est		Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pr	ressure		Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls	j.		Water - Bbls.			Gas- MCF			
CACWELL	<u></u>			<u></u>	***	<del> </del>	<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		TRILL Co-2	neale A.O. I.O.C.		Combination	den		
1	Langui Oi	1 601		Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pr	ressure (Shi	ut-in)	Casing Pressure (Shut-in)			Choke Size			
O ODED ATOD CERTIFICA	1 777 6	F CO: 7	DI 143100	1			J			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above										
is true and complete to the best of my l			ACH MOOAG	.	- A	_1	<b>AUG</b> 1 8	1989		
2 10/11	J			Date	e Approve	a	F10 0 0			
Q Attato						ORIGINIA	L GIONED	οv		
Signature	-			By_		MIKE W	L SIGNED E	) I		
Bruce Stubbs Production Superintendent Printed Name Title					MIKE WILLIAMS  Title SUPERVISOR, DISTRICT IF					
	05)625	-6729	1	''''		term	4			
Date		Te	lephone No.	H						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.