Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

R**SGE**TYTT)

See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

ES' 75 TO

DISTRICT III					
1000 Rio Brazos	Rd.	Aziec,	MM	87410	

1000 KIO BIZZOS KIL, AZICC, IAM BIATO	REQU	EST FO	OR A	ALLOWA	ABLE AND	AUTHORI	ZATION	25516			
ſ .	7	OTRA	NSI	PORT C	IL AND NA	TURAL G	43	Jan Othic	5		
Operator							Well /	API No.		:	
Hondo Oil & Gas Compa								-,			
P. O. Box 2208, Roswe	ell, NM	8820	2			N /B/	La.La.N				
Reason(s) for Filing (Check proper box)		αt.	т		[X] Ot	her (Please expl	ainj				
New Well		Change in	Dry								
Recompletion X	Oil Casinghead	.c 🗀	-	densate	, N Re	-Entry				1	
	Canngnead	I Cas	CORR	Deli Bate	<u></u>						
			Р.	O. Bo	<u>2879, V</u>	ictoria,	TX 797	02		·····:	
II. DESCRIPTION OF WELL	AND LEA		D1	Mana Inch	dia Camatia		Vind	of Lease		nana No	
Lease Name	Well No. Pool Name, Including			-	Jacksons R-12-65 A			ur l	Lease No. -029426-B		
H. E. West "B"	1	<u></u>	J	Graybu.	g Jackso	115/7-12-6	\$ <i>17</i>		110 02	7420 B	
Location Unit LetterB	_ :6	60'	_ Feet	From The .	North L	ne and	0 · Fe	et From The	East	Line	
Section 10 Township	p 17	S	Rang	ge 3.	LE , 1	NMPM,	Eddy			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Or Con								nt)			
Name of Authorized Transporter of Casing		X	or D	ry Gas		ive address to w				nt)	
Conoco	-			-	-	Box 1959		• • • •	79702	-	
If well produces oil or liquids,	Unit	Sec.	Twp	. R _i	e. Is gas actua		When				
give location of tanks.	F	10	17	S 31E	Yes		10/	′3/89		,	
If this production is commingled with that I	from any oth	er lease or	pool,	give commi	ngling order nur	nber:					
Designate Type of Completion	- (X)	Oil Well	 	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	- A	Prod		Total Depth	Total Depth			P.B.T.D.		
NA		9/29				5515'			3950'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	omati	on	Top Oil/Gai	Top Oil/Gas Pay			Tubing Depth		
3950' DF	Grayb	urg Sa	an A	ndres		3380'			3881'		
Perforations 3380-3754', 3800-3935'									Depth Casing Shoe 5515		
		UBING,	CAS	SING AN	D CEMENT	CEMENTING RECORD					
HOLE SIZE	CAS	SING & TU	JBING	G SIZE		DEPTH SET			SACKS CEMENT		
		8 5/	/8"			810'			x. Post	L ID-2	
		4 1/	/2"			5515'			x. 11-	10-89	
			,						con	p. so-auts.	
	23/8					3881				/	
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Tes		of loa	id oil and m		or exceed top all Method (Flow, p			for full 24 hou	rs.)	
10/3/89		10/23	3/89)		Pumping					
Length of Test	Tubing Pre	ssure			Casing Pres	Casing Pressure			Choke Size		
24 hrs. Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbl	Water - Bbls.			Gas- MCF		
		16				9		1	10		
GAS WELL Actual Prod. Test - MCF/D	11 (2007)	P.22			FCI: A	AA 759		10	Tandini in		
Actual Prod. Test - MCP/D	Length of Test			Bbis, Conde	Bbls, Condensate/MMCF			Gravity of Condensate			
	T.L. D. G. (Cl. J.)			Castan Dan	Casing Pressure (Shut-in)			Choke Size			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Fres	wife (Strut-iii)		Gloke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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 knowledge and belief.			Dat	OIL CONSERVATION DIVISION Date Approved NOV 6 1989							
Son Syon											
Signature Ron Brown Petroleum Engineer											
Printed Name Title 10/25/89 505/625-6739			Title	Э			to to via				
Date		Telo	ephon	e No.							
											

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.