

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OCT 27 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Hondo Oil & Gas Company

Address
P. O. Box 2208, Roswell, NM 88202

Reason(s) for filing (Check proper box)		Other (Please explain)	
☒ New Well	☐ Change in Transporter oil		
☐ Recombination	☐ Oil		
☐ Change in Ownership	☐ Casinghead Gas		
	☐ Dry Gas		
	☐ Condensate		

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name J. L. Keel "B"	Well No. 42	Pool Name, including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029435-B
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

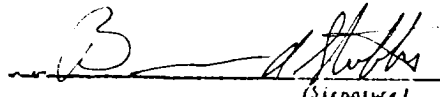
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1959, Midland, TX 79702	
Well produces oil or liquids, its location of tanks.	Unit C	Sec. 8
	Twp. 17S	Rge. 31E
Is gas actually collected?	When 10/19/88	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Production Superintendent
(Title)
10/26/88
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 1 1988
BY Original Signed By
Mrs. Williams
TITLE _____

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.

COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	Flow well	Workover	Deepen	Plug back	Some other	Well, flow
• Spudded	Date Compl. Ready to Prod.	X							
9/7/88	9/29/88								
Location (St., Rm., RT, CR, etc.)	Name of Producing Formation	Grayburg SA							
3757' GL	Top Oil/Gas Day								
	2965' 2915'								
Location	2965-3178', 3225-3509'								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	395 SX, Class "C" w/2% CC	900 SX, HLC + 300 SX	Premium Plus w/8% CalSeal			
12 1/4"	8 5/8"	463'							
7 7/8"	5 1/2"	3550'							
	2 3/8"	3508'							
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of sand oil and must be equal to or exceed top casing depth for this depth or be for full 24 hours)									
10/1/88	10/25/88	Pumping	Choke Size	35 MCP					
24 hrs.									
Oil Prod. During Test	Oil-Lbs.	Water-Lbs.	Gas-Lbs.	35 MCP					
108 BO									
Length of Test	Oil-Lbs./MCF	Water-Lbs./MCF	Gas-Lbs./MCF	Gravity of Condensate	Choke Size				