

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DEC 13 '88

O. C. D.
OFFICE

Operator Hondo Oil & Gas Company	
Address P. O. Box 2208, Roswell, NM 88202	
Location(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Gas ☐ Condensate

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name H. E. West "B"	Well No. 35	Pool Name, including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee	Lease No. Federal LC-029426-B
Unit Letter <u>H X</u> : 1980 Feet From The <u>South</u> Line and <u>860</u> Feet From The <u>West</u>				
Line of Section <u>9</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 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, a location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>9</u> Twp. <u>17S</u> Rge. <u>31E</u>	Yes <u>12/5/88</u>

If 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.

Ron Brown
(Signature)
Engineer
(Title)
12/12/88
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 27 1988, 19
BY Original Signed By
Mike 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.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	Flow Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
10/5/88	11/10/88			3815'			3802'		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3857' GR	Grayburg San Andres			3212'			3658'		
Perforations							Depth Casing Shoe		
3212-3380', 3410-3441', 3457-3701'							3815'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	460'	400 sx. Class C
7 7/8"	5 1/2"	3815'	1000 sx. HLC + 300 sx. Class C
	2"	3658'	

TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
11/14/88	12/6/88	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	250	240	350

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (initial, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	Choke Size