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

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Box 2088

MAR 16 '89

P.O. Drawer DD, Artesia, NM 88210		Santa	Fe, New Me	xico 8750	4-2088		0 ~			
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410						ATION	O.C.	D. Broc		
	REQUES	LHOH	ALLOWAB SPORT OIL	AND NAT	KUTHUKIZ		-07 2011	ert.		
• Operator	10	IMANG	SPONT OIL	AND NA	Well Al			PI No.		
Hondo Oil & Gas Com	pany√									
Address										
P. O. Box 2208, Ros	well, NM 8	38202			- /Diana avala	; <u>\</u>				
Reason(s) for Filing (Check proper box)		:- T		Othe	r (Please expla	in)				
New Well X	Oil Cna	_	nsporter of: y Gas							
Recompletion	Casinghead Ga	`	ndensate							
f change of operator give name										
nd address of previous operator										
I. DESCRIPTION OF WELL						Vind	of Lease		ease No.	
Lease Name	1		ol Name, Includi Grayburg	ng Formation	60 0/-		n Lease FederalXX KeX	.	9426-B	
H. E. West "B"	4	3	Grayburg	Jackson	DK-44-4	J/[J420 B	
Location	. 660		et From The So	outh	760	· Fe	et Emm The	West	Line	
Unit LetterM	-: 660	Fe	et From The	Dacii Lin	and	16	et Prom The L			
Section 9 Towns	nip 17S	Ra	nge 31E	, N	мрм,	Eddy			County	
II. DESIGNATION OF TRA		OF OIL Condensate		Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be so	ent)	
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240								
Texas-New Mexico Pi Name of Authorized Transporter of Casi	Dry Gas	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	ent)			
Conoco	P. O. Box 1959, Midland, TX 79702									
If well produces oil or liquids,	ell produces oil or liquids, Unit Sec. Twp. Rge				y connected?	When				
rive location of tanks.	D S		7s 31E	Yes			0/89	<u>,, </u>		
f this production is commingled with the V. COMPLETION DATA	it from any other le	ase or poo	i, give commingi	ing order num	per.					
IV. COMPLETION DATA	lo	il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X) j	Х	İ	Х	<u> </u>		 	<u> </u>		
Date Spudded	ed Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
1/20/89		4/89	ntion.	Top Oil/Gas	3831 ' Pay		Tubing Dep	3779 ¹		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				3141'			3684'			
3814' GR Grayburg San Andres Perforations							Depth Casing Shoe			
3141-3324', 3371-3	553 ', 3586	-3673 <u>'</u>					3	831'		
	TUB	ING, C	ASING AND	CEMENTI						
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT 512 sx. Class "C"		
12 1/4"	40 !!			417' 3831'			900 sx. HLC + 350 sx.			
7 7/8"		5 1/2"			3031			Class "C"		
		2 3/8	ıı		3684'					
V. TEST DATA AND REQUI	EST FOR ALL	OWAB	LE							
OIL WELL (Test must be after	recovery of total 1	volume of l	oad oil and must	be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hor	urs.)	
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu	ump, gas iyi, i	EIC.)	ros	t ID-:	
3/5/89 Length of Test		3/5/89 Tubing Pressure			Flowing Casing Pressure			Choke Size comp + BI		
•	1	150 psi			450 psi			3/4" Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
	180	180			30			108		
GAS WELL				1-22			10	Condenses		
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
	Tuhing Draces	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	raning riessui	- (Junut-11)	,		, /					
VI. OPERATOR CERTIFI	CATE OF C	OMDI	IANCE							
I hereby certify that the rules and rep					OIL CON	ISERV	ATION	DIVISION	NC	
Division have been complied with a	MAR 3 0 1989									
is true and complete to the best of m	Date	e Approve	ed	pates V V						
La en 6	Signe						C 1 1 1	n		
	Lucio			∥ By_		Original	Signed Williams	pλ		
Signature Ron Brown		Engir				Mike	Willams			
Printed Name		(CO.5.	itle	Title)					

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

3/14/89

Date

- 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.

505/625-8760

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 41 Separate Form C-104 must be filed for each pool in multiply completed wells.