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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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APR 4 1966

Operator Hondo Oil & Gas Company		Other (Please explain) Indicate change in Transporter from Permian to Continental Pipe Line Company.	
Address P. O. Box 1978, Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)			
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/>		
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease
Lease Name Hondo EG Federal		1	Red Lake Grayburg, S.A.	XX Federal
Location Unit Letter JK 1592 Feet From The South Line and 2302 Feet From The West Line of Section 4 , Township 18S Range 27E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Continental Pipe Line Company	Box 134, Artesia, N. M.	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Pan American (Empire Abo Plant)	P. O. Box 68, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit 1 Sec. 4 Twp. 18S Rge. 27E	Is gas actually connected? yes	When 9-22-65

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Pool	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED APR 4 1966 , 19	
O. D. Bratches District Drilling Supervisor April 1, 1966		BY W. A. Gressett TITLE ALL NEW GAS INSPECTOR	
		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 Sections I, II, III, and VI only 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.	