NO. OF COPICS RECEIVED			ما ا		
DISTRIBUTI	T	Ī			
SANTA FE			1		
FILE					
U.S.G.5.					
LAND OFFICE					
IRANSPORTER	OIL				
THANSFORTER	GAS		T		
OPERATOR					
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## REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	EAND OFFICE								
	TRANSPORTER OIL	RANSPORTER GAS RECEIVED							
	OPERATOR								
1	PRORATION OFFICE JUL 28 1971 Operator								
	Hondo Oil and Gas Company √ □. C. C.								
	Address P. O. Box 1978, Roswell, New Mexico 88201  Reason(s) for filing (Check proper box)  Other (Please explain)								
	New We!!	tor name from I							
	Recompletion	011	Dry G		iternational Yates effective 6-18-71.				
	Change in Ownership	Casinghead Gas	Conde	ensate					
	If change of ownership give name and address of previous owner	;							
11	. DESCRIPTION OF WELL AN	DIFACE					~		
	Lease Name	Well No. Pool Name, In			Kind of Leas	e	Lease No.		
	State "A"	1 Empi	re Abo	)	State, Federa	lor Fee State	647		
		.980 Feet From The Nor	th ,,	1980		_ East			
		•••			Feet From '				
	Line of Section 6 T	Cownship 18S Ro	ange	28E , NMPM	, Ес	ldy	County		
III	Name of Authorized Transporter of C	RTER OF OIL AND NATU	RAL GA	AS Address (Give address t	o which areas	adama (ali tari	<del> </del>		
	Amoco Pipeline Com					Lubbock, Tex.			
	50% Amobo Profineresta 6			Address (Give address t	A&BBS ?PPNe	W Mexaletts 108824	0 be sent)		
	50% Phillips Pipeline		P.ge.	Phillips Bldg. Is gas actually connecte	4th & Wa	ish. Odessa, C	exas		
	If well produces oil or liquids, give location of tanks.	P 31 17S		Yes	!	AMO 9-6-60 PP 9-1-60			
117	If this production is commingled w	with that from any other lease	or pool,	give commingling order	number:		•		
14	COMPLETION DATA Oil Well Gas Well			New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v					
	Designate Type of Complet				<u> </u>	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !			
	Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	<del></del>	Top Oil/Gas Pay		Tubing Depth			
	Perforations			L	<del></del>	Depth Casing Shoe			
				D CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SI	<u> </u>	DEPTH SE	<u>T</u>	SACKS CEM	ENT		
			· · · · · · · · · · · · · · · · · · ·						
V.	TEST DATA AND REQUEST F		ust be af	ter recovery of total volum	e of load oil a	nd must be equal to or ex	ceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	I. WELL. able for this depth or be for full 24 hours)							
				, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	,,			
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbis.		Water - Bbis.		Gas-MCF			
1			<del></del>						
	GAS WELL Actual Prod. Test-MCF/D								
	Actual Prod. 1881-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-	(מ.	Choke Size			
VI.	CERTIFICATE OF COMPLIAN	CE		OIL CO	ONSERVAT	TION COMMISSION			
				APPROVED JUL 2 8 1971					
	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.    Signature			APPROVED NO. 19					
,				BY CO, CA, LY CLUSTER.					
				TITLE OIL AND GAS INSPECTOR					
						mpliance with RULE ble for a newly drilled			
•				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 allow-					
				able on new and reco Fill cut only Se	•		es of owner.		
-	(Da	Fill cut 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