

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

RECEIVED
Form C-104
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE AUG 30 1960

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-105 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico 8-29-60
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Hondo Western Yates State 'A' Well No. 30 in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

I Sec. 6 T. 18-N R. 28-E NMPM., Empire Abo Undesignated Pool
Unit Letter

Eddy

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

2310 FS 990 FE

Tubing, Casing and Cementing Record
Size Feet S&W

<u>8-5/8"</u>	<u>721'</u>	<u>350</u>
<u>5-1/2"</u>	<u>6359'</u>	<u>170 Units of Hysol</u>
<u>2" EUE</u>	<u>6157</u>	<u>150 lbs. Inocul gel.</u>

County. Date Spudded 8-11-60 Date Drilling Completed 8-24-60
Elevation 3612 Total Depth 6350 PBDT 6332

Top Oil/Gas Pay 6296 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 6298 - 6304 2/ft

Open Hole Depth 6359 Casing Shoe Depth 6157 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 72 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 16/64

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1,000 gallons 15% regular acid w/ DS-50 added.

Casing Tubing Date first new 8-25-60
Press. Packer Press. 30 oil run to tanks

Oil Transporter Service Pipe Line Company

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved AUG 31 1960 8-29-60, 19____

Hondo Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title _____

By: A. J. Deans by G. Edgman
(Signature)

Title Dist. Prod. Supt.

Send Communications regarding well to:

Name A. J. Deans

Address Box 125, Artesia, New Mexico

OIL CONSERVATION COMMISSION

ARTESIA DISTRICT OFFICE

No. Copies Received

7

DISTRIBUTION

NO
FURNISHED

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U. S. G. S.

TRANSPORTER

FILE

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BUREAU OF MINES