	NO. OF COPIES RECEIVED		A	
	DISTRIBUTION	NEW MEY 100 DU		
	SANTA FE		CONSERVATION CONLISSION	Form C-104
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-85
	U.S.G.S.	AUTHODIZATION TO TO	AND	
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	
	OIL			ECEIVED
	TRANSPORTER GAS	-		PEIVE
	OPERATOR	-{	R	ELL
	PRORATION OFFICE	-∤	•	JUL 2 & 1971
1.	Operator Operator			111 58 1911
	Hondo Oil & Gas Compan	ny /		302
	Address	ny v		. 4
		7.7 No. 36 - 4 00003		ARTE
	P. O. Box 1978, Roswe			ARTE
	Reason(s) for filing (Check proper box	.*	Other (Please explain)	
	New Well	Change in Transporter of:	Change in oper	
	Recompletion	OII Dry Ga	= 1	
	Change in Ownership	Casinghead Gas Conden	sate Effective 6-18	- 71.
	If change of approaching sive same			
	If change of ownership give name and address of previous owner	<u> </u>		
	•			
II.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	State "A"	30 Empire Abo	State, Federal	or Fee State 647
	Location	1 00 1 2 1100		Btate 1 041
	J I 2310) South	990	Foot
	Unit Letter 1 ; 2310	Feet From The South Lin	e andFeet From 7	he East
	Line of Section 6 To	wnship 18S Range 2	997	71.1.1
	Line of Section O 16	wnship 185 Range 2	SSE , NMPM,	Eddy County
***	DECIONATION OF TO ANGROD	TER OF OIL AND MARKED AT OA	_	
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ad agreed the form to be because
	Amoco Pipeline Company		3411 Knoxville Ave. Lu	
	Name of Authorized Transporter of Car 50% Amoco Production (singhead Gas 📉 — or Dry Gas 🗔 Company	Address Give address to which approve P. O. Box 68, Hobbs,	New Mexico 88240
	50% Phillips Pipeline (Company	Phillips Bldg. 4th &	Wash, Odessa, Tex.79760
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n AMO 9-6-60
	give location of tanks.	P 31 17S 28E	Yes	PP 9-1-60
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	•
IV.	COMPLETION DATA			
	D · · · T · · (C · l · ·	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Designate Type of Completion	on - (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	101 5 6175	T		SACKS CENEUT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				<u> </u>
				<u> </u>
V.	TEST DATA AND REQUEST FO			ind must be equal to or exceed top allow-
	OIL WELL		oth or be for full 24 hours)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)
				·
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
		·		
	GAS WELL		·	·
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Length of Test	Bbls. Condensate/MMCF Casing Pressure (Shut-ia)	Gravity of Condensate

VI. CERTIFICATE OF COMPLIANCE

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.

D. L. Shackelfon Sr. Acctg. Clerk

(Date)

July 23, 1971

(Title)

APPROVED

OIL AND GAS INSPECTOR TITLE __

This form is to be filed in compliance with RULE 1106.

if this is a request for allowable for a newly drilled or despende well, this form must be eccompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

OIL CONSERVATION COMMISSION

All sections of this form must be filled out complistely for allowable on new and recompleted walls.

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