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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

NOV 20 '89

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Hondo Oil & Gas Company		Well API No.
Address P. O. Box 2208, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Cleaned out well & stimulated
If change of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Hondo Federal	Well No. 2	Pool Name, Including Formation Red Lake Qn-Grbg-SA	Kind of Lease <input checked="" type="checkbox"/> State, Federal or Fee	Lease No. NM-033825
Location Unit Letter <u>A</u> : <u>930</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>South</u> Line Section <u>4</u> Township <u>18S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 3609, Midland, TX 79702				
Name of Authorized Transporter of Casinghead Gas Amoco Pipeline	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 68, Hobbs, NM 88240				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 4	Twp. 18S	Rge. 29E	Is gas actually connected? Yes	When?
If this production is commingled with that from any other lease or pool, give commingling order number:						

V. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded NA	Date Compl. Ready to Prod. 11/2/89		Total Depth 2245'		P.B.T.D. 2201'			
Elevations (DF, RKB, RT, GR, etc.) 3538' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1441'		Tubing Depth 2161'			
Perforations 1441-1478, 2009-2166'					Depth Casing Shoe 2245'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	7"		1085'		400 sx. <u>P. ID-3</u>			
	4 1/2"		2245'		350 sx. <u>12-1-89</u>			
	2 3/8"		2161'		<u>Ag LT. NRC</u>			

VI. 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 Tank 11/3/89	Date of Test 11/14/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 26 BO	Water - Bbls. 5 BW	Gas - MCF TSTM

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ron Brown
Signature
Ron Brown
Printed Name
11/17/89
Date
Petroleum Engineer
Title
(505)625-6735
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 24 1989

By ORIGINAL SIGNED BY
MIKE VILLAR
SUPERVISOR, DISTRICT II
Title

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

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