

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

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

RECEIVED

NOV 22 1976

Operator Hondo Drilling Company ✓	
Address Drawer 2516, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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	
Lease Name Wright Federal	Well No. 1
Pool Name, including Formation Undesignated Morrow North Hickory track morrow	
Kind of Lease State, Federal or Fee	Lease No. NM 0925
Location	
Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West	
Line of Section 29 Township 18-S Range 29-E , NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	Drawer 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 29 18-S 29-E
Is gas actually connected?	When
No yes	November 19, 1976

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

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-13-76	Date Compl. Ready to Prod. 8-27-76
Total Depth 11,390 ft.	P.B.T.D. 11,303 Ft.
Elevations (DF, RKB, RT, GR, etc.) 3,455 ft. GR	Name of Producing Formation Morrow
Top Oil/Gas Pay 11,076 ft.	Tubing Depth 11,038 ft.
Perforations 11,076 ft. to 11,086 ft. - 6 shots per foot	Depth Casing Shoe 11,390 ft.
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17 1/2"	13-3/8" - 48 lb.
11"	8-5/8" - 24 & 32 lb.
7-7/8"	5-1/2" - 17 & 20 lb.
	2-3/8" - 4.70 lb.
DEPTH SET	SACKS CEMENT
383 ft.	375 sacks - Circulated
3,584 ft.	1600 sacks - Circulated
11,390 ft.	700 sacks
11,038 ft.	

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 7,203	Length of Test 4 hrs.
Bbls. Condensate/MMCF 11 bbl./MCF	Gravity of Condensate 56.1 at 60°
Testing Method (pitots, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3,320 lbs.
Casing Pressure (Shut-in) 0 - Packer	Choke Size Various - 4-Point Test

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.	
OIL CONSERVATION COMMISSION	
APPROVED NOV 22 1976	
BY W. A. Gussert	
TITLE SUPERVISOR, DISTRICT II	
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 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 completed wells.	
President	
(Signature)	
(Title)	
November 18, 1976	
(Date)	