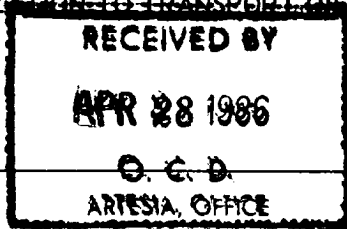


NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

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-11  
Effective 1-1-65



I. Operator  
HONDO DRILLING COMPANY  
Address  
P. O. Drawer 2516, Midland, Texas 79702-2516  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alscott Federal	Well No. 3	Pool Name, Including Formation North Turkey Track Strawn	Kind of Lease State, Federal or Fee	Lease No. NM 0924
Location Unit Letter 0 ; 660 Feet From The South Line and 1,980 Feet From The East Line of Section 31 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5050, Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 31	Twp. 18	Rge. 29	Is gas actually connected? yes	When 3-12-86

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 checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 10-10-85	Total Depth 11,300'	P.B.T.D. 10,281'					
Elevations (DF, RKB, RT, GR, etc.) DF 3,410'	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,236'	Tubing Depth 10,221'					
Perforations 10,236' to 10,240'			Depth Casing Shoe 11,295'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8" 48 lb.	410'	425 sacks circulated					
11"	8 5/8" 24 & 32 lb.	3,015'	1,200 sacks circulated					
7 7/8"	5 1/2" 17 & 20 lb.	11,295'	775 sacks					
	2 3/8" 4.70 lb.	10,221'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9-23-85	Date of Test 4-23-86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure 0	Choke Size 16/64
Actual Prod. During Test 16.7	Oil-Bbls. 16.7	Water-Bbls. 0	Gas-MCF 114 MCF

GAS WELL

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

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.



(Signature)

President

(Title)

April 25, 1986

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 12 1986, 19  
BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

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

