c155 HT GT Dp

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED
JUN 28 '89
O. C. D.
ARTESIA, OFFICE

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Hondo Drilling Company ✓	30-015-22549

Address: P. O. Drawer 2516, Midland, TX 79702

Reason(s) for Filing (Check proper box)
- New Well [ ]
- Recompletion [XX]
- Change in Operator [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain) [XX]: Supplemental - Well still cleaning up

If change of operator give name and address of previous operator: _____

E. Palmillo BS

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Alscott Federal	#3	~~2nd Bone Springs~~		NM-0924

Location
Unit Letter 0 : 660 Feet From The South Line and 1,980 Feet From The East Line

Section 31 Township 18 Range 29 , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
[XX] Navajo Refining Company	P. O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Company	P. O. Box 5050, Bartlesville, OK 74004

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	0	31	18	29	yes	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X			X		X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Workover 5-30-89	6-11-89	7,950'	7,836'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
DF 3,410'	2nd Bone Springs	~~7,376'~~ 7536	7,485'

Perforations	Depth Casing Shoe
7536-7651	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 sks Circulated
11"	8 5/8" 24 & 32 lb.	3,015'	1,200 sks Circulated
7 7/8"	5 1/2" 17 & 20 lb.	11,295'	775 sks cement top 8,100'
	2 3/8 " set 7,485'	Perforated 4 shots at	8,003'-cement w/375 sks

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-7-89	7-8-89	Flowing	Pot FD-2 7-14-89 Comp. BS

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.	210		18/64

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
	96 ~~80~~ bbls.	~~27~~ bbls.	52 ~~60~~ MCFs

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. 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.

Signature: _____
Nathan W. Outlaw — President
Printed Name — Title
June 27, 1989 — 915/682-9401
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: JUL 1 1989

By: ORIGINAL SIGNED BY MIKE WILLIAMS 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.