

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hondo Drilling Company ✓	Well API No. 30-015-22784
Address P.O. Drawer 2516, Midland, TX 79702-2516	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>
Change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Trigg Jennings Com.	Well No. 1	Pool Name, Including Formation North Turkey Track, Morrow	Kind of Lease State, Federal or BLM	Lease No. NM 030752
Location Unit Letter <u>N</u> : <u>1,980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> Line Section <u>28</u> Township <u>18-S</u> Range <u>29-E</u> , <u>NMPM</u> , <u>Eddy</u> County				

II. 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) P.O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <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 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? <u>N</u> <u>28</u> <u>18-S</u> <u>29-E</u> <u>yes</u> <u>May 22, 1979</u>

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X		X	X	
Date Spudded Workover February 4, 1991	Date Compl. Ready to Prod. March 1, 1991	Total Depth 11,320'	P.B.T.D. 11,100'					
Elevations (DF, RKB, RT, GR, etc.) 3,424.1 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,994'	Tubing Depth 10,929'					
Perforations 10,994' to 11,012' - 18' - 36 holes .50 diameter			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" - 48 lb.	393'	400 sacks circulated
11"	8 5/8" - 24 - 32 lb.	3,015'	1,500 sacks circulated
7 7/8"	5 1/2" - 17 - 20 lb.	11,319'	550 sacks
	2 3/8" - 4.70 lb.	10,929'	

VII. 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.)	
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 485 MCF	Length of Test 24 hour	Bbls. Condensate/MMCF 5.01 bbls	Gravity of Condensate
Testing Method (pilot, back pr.) El Paso's line	Tubing Pressure (Shut-in) 440 lb.	Casing Pressure (Shut-in) Packer	Choke Size 16/64

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 
N. W. Outlaw President
Printed Name Title
March 14, 1991 (915) 682-9401
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 29 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.