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

DISTRICT II P.O. Drawer DD, Antesia, NM 88219

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

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

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

KEP 1 6 1992 Santa Fe, New Mexico 87504-2088 U. C. D.

I.	REQ					D AUTHOR IATURAL G		KEIA DEFY	CF		
Perator Hondo Drilling Company						Well API No. 30-015-2				-	
Address			mv 7	0702 2	E16		·	30 013 1	.2704		
P.O. Drawer 25 Reason(s) for Filing (Check proper box)	10 M1	diand,	1X /	9/02-23		Other (Please exp	lain)				
New Well	Oil	Change in	•	<del></del>							
Recompletion	Oil Casinghe	ad Gas 🗍	Dry Ga Conden								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE								·	
Lesse Name Trigg Jennings Com	Name Well No. Pool Name, Includ							of Lease	VVVV		
Location		1	NOL	cii iuir	cey ita	CK, MOLIO	w   5.22c,		NM	030752	
Unit LetterN	-:1	.980'	Feet Fr	om The $\frac{V}{V}$	VestI	ine and 66	0.' Fe	et From The _	South	Line	
Section 28 Townshi	p 18	8 <u>S</u>	Range	291	Ξ	NMPM,	Edd	у		County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	II. AN	D NATII	RAL GA	S					
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation  If well produces oil or liquids, Unit Sec.			Twp.	Rge.	4044 Penbrook Ode:			sa, TX 79762			
give location of tanks.			Ĺ,	1		yes		9/3/92			
If this production is commingled with that a IV. COMPLETION DATA	from any ot	her lease or	pool, giv	ve comming	ling order m	ımber:	<del></del>				
Designate Type of Completion	- (X)	Oil Well	10	Gas Well	New Wo	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Dep	lh	1	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/G	Top Oil/Gas Pay			Tubing Depth		
								ruonig Depui			
Perforations								Depth Casing	g Shoe		
	,	TUBING,	CASII	NG AND	CEMEN	TING RECOR	SD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET	<u> </u>	S	SACKS CEMENT		
			<u> </u>					<del> </del>			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		<u> </u>						
OIL WELL (Test must be after re Date First New Oil Run To Tank	1		of load o	oil and mus					or full 24 hou	rs.)	
Date First New Oil Rull 10 Talik	Date of Test				riodicing	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bi	Water - Bbis.			Gas- MCF		
CACMENT										i	
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Con	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
results intelled (place, calca pr.)	Tooling Liesonie (Sum-m)				Seeing 1 (Silling)			Cloke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regula	ations of the	e Oil Conser	vation			OIL CO	NSERV.	ATION I	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Da	Date ApprovedSEP_1 7 1992					
All (). Ha	Ä								·		
Signature No. 11 Outland	<u>~</u>		·	1	Ву	<b>U</b> 11	IGINAL SI				
Nathan W. Outlaw President Printed Name Title					T:41	MIKE WILLIAMS Title SUPERVISOR DISTRICT IS					
9/15/92 (915) 682-9401						Title SUPERVISOR, DISTRICT IS					

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

Date

- 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.

Telephone No.

- 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.