DISTRIBUTION		DNSERVATION COT SSION	Para C-104
SANTA PE		FOR ALLOWABLL	Supersodes Old C-104 and C-11
PILE VV		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
LAND OFFICE			
OIL I			
TRANSPORTER GAS		[RECEIVED
OPERATOR			
PRORATION OFFICE		1	MAY 1 m Aug
Operator		····· /	RECEIVED BY MAY 17 1984
Hondo Oil & G	as Company	· · ·	0. C. D
Address			ARTESIA, OFFICE
P.O. Boy 17	10, Hobbs, NM8824	0	OFFICE
Reeson(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Change in Ownership	Casinghead Gas Conden	some 🔲 Eff: May 1,	1984
If change of ownership give name and address of previous owner			
and address of previous owner		····	· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo		
Exxon State	1 Illinois Camp	Merrew North Gas	rai or Fee State B-11535
Location	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Unit Letter K ·	1900Feet From The South Line	e and1980 Feet From	The West
····· ·····			······································
Line of Section 9 Tou	mahip 185 Range	28Е , МАРМ,	Eddy County
DESIGNATION OF TRANSPORT		S	
Name of Authorized Transporter of Oil	Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
Navajo Crude Oil Purch	nasing	P.O. Box 175, Artesi Address (Give address to which appr	a, NM88210
Name of Authorized Transporter of Cas		Address (Give address to which appr	oved copy of this form is to be sent)
Cabot Corporation - Pi	peline Division	7120 I-40 West Amar	illo, TX 79106
If well produces oil or liquids,	Unit Sec. Twp. Ege.		hen
give location of tanks.	K 9 185 28E	Yes	7-31-79
If this production is commingled with	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			
Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Completion	······	l i i	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	1	l	
Perforations			Depth Casing Shoe
		DEPTH SET	
HOLE SIZE	CASING & TUBING SIZE	DEPTHSET	SACKS CEMENT
	· · · · · · · · · · · · · · · · · · ·		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allow-
OIL WELL Date First New Oil Bun 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-Bhis.	Water - Bble.	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Candensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
CERTIFICATE OF COMPLEXAN	CE	1 0 MAY 1 0	1001
a contraction that the enter and	menulations of the Oil Conservation	APPROVED MAY 1 8	. 18
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.		Original Signed By	
		BY Ledie & Claracter Supervisor District R	
		TITLE	
5 1 11 11		10	compliance with RULE 1104.
A XIA KIT	<u>M</u>	well, this form must be accome	peakle for a newly drilled or deepened banied by a tabalation of the deviation
,	hature)	tests taken on the well in acc	ordance with RULE 111.
Engrg. Tech. Spec.	ísle)	All sections of this form a	aust be filled out completely for allow-
•	/	able on new and recompleted t	II. III, and VI for changes of owner,
<u>5/16/84</u>	hete)	well name or number, or transpo	II. III, and VI for changes of condition.
10	,	Separate Forms C-104 mu	ist be filed for each pool in multiply
		i completed wells.	