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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-110
Effective 1-1-65

OCT 17 '89

Operator H & S Oil Company	
Address Suite 303, First National Bank Building, Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner Cimarron Oil Corporation, Box 1359, Carlsbad, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name McClay	Well No. 12	Pool Name, Including Formation No Benson Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM27276
Location				
Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>33</u> Township <u>18</u> Range <u>30</u> , NMPM, <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining	P O Drawer 159, Artesia, NM 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)	
Phillips 66 Natural Gas Company	P O Box 5050, Bartlesville, Okla 74004	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33
	Twp. 18	Rge. 30
	Is gas actually connected? No	
	When	

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 03/17/80	Date Compl. Ready to Prod. 05/02/80		Total Depth 3400		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3423.3 Gr	Name of Producing Formation Queen		Top Oil/Gas Pay 2770		Tubing Depth 2800			
Perforations 2770-2802					Depth Casing Shoe 3400			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11 1/4	8 5/8		671		400			
7 7/8	5 1/2		3400		800			
					Post ID-3			
					10-22-89			
					AKG			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Text 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 5/2/80	Date of Test 5/2/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hour	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 70	Oil-Bbls. 70	Water-Bbls. -	Gas-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.

G. R. Heensel
(Signature)

Partner - H & S Oil Company
(Title)

October 12, 1989
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 30 1989, 19

BY ORIGINAL SIGNED BY

MIKE WILLIAMS
TITLE SUPERVISOR, DISTRICT II

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 tested wells.