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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 1-1-81
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OCT - 2 1981

O. C. D.
ARTESIA, OFFICE

Operator Hondo Oil and Gas Company /	
Address P.O. Box 1710, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Assign initial transporter of Condensate and dry gas eff: 10-1-81.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Exxon "A" State Com.	Well No. 1	Pool Name, Including Formation North Illinois Camp Morrow Gas	Kind of Lease State, Federal or Fee	State	Lease No. B-11540
Location					
Unit Letter H	2310	Feet From The North	Line and 990	Feet From The East	
Line of Section 16	Township 18S	Range 28E	, NMPM,		Eddy County

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)					
Navajo Crude Oil Purchasing Co.	P.O. Box 175, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	P.O. Drawer 1320, Hobbs, N.M. 88240					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 16	Twp. 18S	Rge. 28E	Is gas actually connected? Yes	When 10-1-81

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 to allowable for this depth or be for full 24 hours)

Date First New Oil Run 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-Bbls.	Water-Bbls.	Gas-MCF

Posted ID-8
Added LT-NGO
10-9-81

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

David Shackelford
(Signature)

Engrg. Tech. Spec.

(Title)

10-1-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 8 1981, 19

BY W. A. Gressett

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 completed wells.

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Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

MAY 20 1981

O. C. D.

ARTESIA, OFFICE

I. Operator Hondo Oil & Gas Company
Address P.O. Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Exxon "A" State Corp.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Undesignated North Illinois Camp</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-11540</u>
Location Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>18S</u> Range <u>28E</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"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>16</u>	Twp. <u>18S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>No</u>	When <u>Pending Gas Contract</u>

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.
		<u>X</u>	<u>X</u>					
Date Spudded <u>2-27-81</u>	Date Compl. Ready to Prod. <u>5-1-81</u>		Total Depth <u>10,790'</u>		P.B.T.D. <u>10,718'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3589.9' GR</u>	Name of Producing Formation <u>Morrow Gas</u>		Top Oil/Gas Pay <u>10,522'</u>		Tubing Depth <u>10,530'</u>			
Perforations <u>10,522'-10530'</u>					Depth Casing Shoe <u>10,790'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"OD</u>		<u>418</u>		<u>425</u>			
<u>11"</u>	<u>8-5/8"OD</u>		<u>2719</u>		<u>1900</u>			
<u>7-7/8"</u>	<u>5-1/2"OD</u>		<u>10,790'</u>		<u>2300</u>			
	<u>2-3/8"OD</u>		<u>10,530'</u>					

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 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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1,643 CAOF</u>	Length of Test <u>4 pt.</u>	Bbls. Condensate/MMCF <u>13</u>	Gravity of Condensate <u>54° @ 60°</u>
Testing Method (pitot, back pr.) <u>back pr.</u>	Tubing Pressure (Shut-in) <u>3056#</u>	Casing Pressure (Shut-in) <u>Pkr</u>	Choke Size <u>various</u>

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.

Jerry W. Schmidt
(Signature)

Dist. Drlg. Supt.
(Title)

5-14-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 9 1981, 19

BY W. A. Gussert

TITLE SUPERVISOR, DISTRICT II

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