

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-1-70

APR 1 1982

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Hondo Oil and 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	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State BW <u>Com.</u>	Well No. 1	Pool Name, including Formation <u>Morrow</u>	Kind of Lease State, Federal or Fee	Lease No. 647
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>27</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 ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Crude Oil Purchasing Co.</u>	<u>P.O. Box 159, Artesia, New Mexico 88210</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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>27</u>	Twp. <u>18</u>	Rge. <u>28</u>	Is gas actually connected? <u>No</u>	When <u>WOPLC</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	Some Res't.	Diff. Res't.
		☒	☒					
Date Spudded <u>12-4-81</u>	Date Compl. Ready to Prod. <u>2-2-82</u>	Total Depth <u>11,164'</u>	P.B.T.D. <u>11,066'</u>					
Elevations (DF, RAB, RT, GR, etc.) <u>3549.9' GR</u>	Name of Producing Formation <u>Morrow Gas</u>	Top Oil/Gas Pay <u>10,852'</u>	Tubing Depth <u>10,778'</u>					
Perforations <u>10,852, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62'</u>			Depth Casing Shoe <u>11,164'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>26"</u>	<u>20" OD</u>	<u>30'</u>	<u>4 yds Redi-mix</u>					
<u>17 1/2"</u>	<u>13 3/8" OD</u>	<u>405'</u>	<u>500</u>					
<u>11"</u>	<u>8 5/8" OD</u>	<u>2684'</u>	<u>1700</u>					
<u>7 7/8"</u>	<u>5 1/2" OD</u>	<u>11116'</u>	<u>1750</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

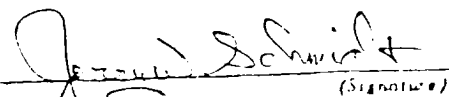
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D <u>1,221</u>	Length of Test <u>4 hrs</u>	Bbls. Condensate/MMCF <u>34</u>	Gravity of Condensate <u>56.7° @ 60°</u>
Testing Method (prod, back pr.) <u>4 pt back pr.</u>	Tubing Pressure (Shot-in) <u>2220#</u>	Casing Pressure (Shot-in) <u>pkp</u>	Choke Size <u>various</u>

VI. 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)

Dist. Drlg. Supt.

(Title)

3-22-82

OIL CONSERVATION DIVISION

JUN 9 1982

APPROVED

BY

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 deviated 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.