

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

RECEIVED

Revised 10-1-70

MAY - 7 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BY SPECIAL RECEIPT	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	
	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR  
Hondo Oil and Gas Company

Address  
P.O. Box 1710, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change Lease Name from State BW #1 per
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	New Mexico Commissioner of Public Lands
	Dry Gas <input type="checkbox"/>	eff: March 19, 1982 (Communitized)
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State BW Com.	Well No. 1	Pool Name, including Formation Undesignated North Turkey Track Morrow	Kind of Lease State, Federal or Fee State	Lease No. 647
Location				
Unit Letter H	1980	Feet From The North	Line and 660	Feet From The East
Line of Section 27	Township 18S	Range 28E	NMPM,	Eddy County

III. 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)
<del>Naviga Crude Oil Purchasing Co.</del>	<del>P.O. Box 159, Artesia, N.M. 88210</del>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: H Sec: 27 Twp: 18S Rge: 28E	No SI-WOPLC

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'ty.	Diff. Res'ty.
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

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]  
(Signature)  
Engrg. Tech. Spec.  
(Title)  
5-6-82  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 11 1982  
BY W. A. Bussett  
TITLE SUPERVISOR, DISTRICT 3

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 well change of conditions.  
Separate forms O-114 must be filed for each pool in a well.