Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 SEP 24 1991

RECHIVED

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

EQUEST FOR ALLOWABLE AND AUTHORIZATION

	HEQUE	TOANG	ALLUWAB	TE VIVO Y	URAL GA	'S ~###\$##	*				
TO TRANSPORT OIL A					Well API No.						
	Hondo Oil & Gas Company√					30-015-24005					
Address			88202								
P. O. Box 220 Reason(s) for Filing (Check proper box)	o, koswe.	LL, NEL	00202	Other	r (Please expla	in)					
New Well	Ch	ange in Tra	nsporter of:		. (*	•					
Recompletion	Oil		y Gas								
Change in Operator	Casinghead G										
f change of operator give name	············										
nd address of previous operator									•		
I. DESCRIPTION OF WELL Lease Name	ng Formation Kind of			Lease Lease No.							
•	220 1 1 1 2 1 1				Penn (Gas) State,X			E-1	285		
Location				_				Ee	a. t		
Unit LetterI	:1980	Fe	et From The	South Line	and	660 Fe	et From The _	Ea	St_Line		
Section 3 Townst	ip 18	S R	ange 28E	,, NN	иРМ,			Eddy	County		
III. DESIGNATION OF TRAI			_	RAL GAS	address to wh	ich approved	copy of this fo	orm is to be se	nt)		
Name of Authorized Transporter of Oil or Condensate Koch Oil Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)						
Phillips 66 Nat'l Gas Co.					4001 Penbrook, Odessa, TX 79762						
If well produces oil or liquids, give location of tanks.	1 .	Unit Sec. Twp. Rge. T 3 18S 35E			Is gas actually connected? When Yes			? 9/19/91			
If this production is commingled with that			<u> </u>	J							
IV. COMPLETION DATA	crioin any onion	o. po.	., 6								
Deciments Trans of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		Ready to P	<u> </u>	Total Depth	L	I	P.B.T.D.	L			
tle Spudded Date Compl. Ready to Prod.											
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				1	Depth Casing Shoe						
Z CITOL BUTOUR											
	TUBING, CASING AND						1				
HOLE SIZE	CASI	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							 				
											
V. TEST DATA AND REQUI	EST FOR AL	LOWAL	BLE	. ,	. ,		in dansk se ke	for full 24 hou	urs)		
OIL WELL (Test must be after		volume of	load oil and must	Proxincing Ma	exceed top alle	owable for thi ump, gas lift.	eic.)	jui juii 24 noi			
ale First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size			
	0 5				Water - Bbls.			Gas- MCF			
Actual Prod. During Test	od. During Test Oil - Bbls.			11 mov1 access							
GAS WELL				-L							
Actual Prod. Test - MCF/D	Length of Te	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
					Casing Dracture (Chut in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)							
VI. OPERATOR CERTIFI	CATE OF	COMPI	IANCE	1			A TION	DD 401			
I hereby certify that the rules and reg	ulations of the O	il Conserva	.tion			NSERV	AHON	אואוט	אע		
Division have been complied with and that the information given above				007 95 9 4001							
is true and complete to the best of my knowledge and belief.					Date Approved OCT % \$ 1991						
Karla Leljeune							0101155	DV			
Signature					By ORIGINAL SIGNED BY						
Karla LeJeune Production Secretary Printed Name Title					MIKE WILLIAMS Title SUPERVISOR, DISTRICT II						
09/24/91 (505)625-6745					Title SUPERVISOR, DISTRICT II						
Date Telephone No.					and the state of t						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.