Ì	DETRIBUTION	NEW MEDICO OIL COI REQUEST F	NSERVATION CON SION OR ALLOWABLE	New C-104 Separates Old C-104 and C-13 Effective 1-1-65
Ī	FILE DY AND			
	U.S.G.S.	AUTHORIZATION TO TRAN	PORT OIL AND NATURAL GA	5
		JUN 10 1985		<u>1</u>
-	TRAMSPORTER GAS			
	OPERATOR	O. C. D.		
L	PROBATION OFFICE	ARTESIA, OFFICE		
	Operator			
	Hondo Oil & Gas Company			
	P. O. Box 1710, Hobbs, New Mexico 88240			
	Ressan(s) for filing (Check proper box)		Other (Please explain)	
	New Wall	Change in Transporter ef:		
	Recompletion	Oil Dry Gos		
	Change in Ownership	Casinghead Gas Condens		
	If change of ownership give name			
	and address of previous owner			
	DESCRIPTION OF WELL AND I	FASE		
ц.	Less Man	Well No. Pool Name, Empire For		Lease No. State F_7811
	State CE	1 Morrow Gas	State, Federal	or Fee State E-7811
	Location.			TT = 6
	Under Letter F : 198	30 Feet From The North Line	and <u>1880</u> Feet From Ti	West
		mahin 18S Firmer 30	ОЕ , ММРМ, Ес	ldy County
	Line of Section 2 Toy	vnship 185 Finne 30		
	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GAS	5	
ш.	Name at Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
		_		
	Nexe at Authorized Transporter of Cas	singhead Gas 🔲 or Dry Gas 🔂	Address (Give address to which approve	ed copy of thus form is to be sent)
	If we produces oil or liquids,	Unit Sec. Twp. Fore.	Is gas actually connected? When	
	give horation of tanks.	F 2 18S 30E		SI, WOPLC
	If this production is commingled with	th that from any other lease or pool, g	rive commingling order number:	
IV.	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion		X	
	Dens Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	3/15/85	5/10/85	11,600'	11,547'
	Eleventume (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depart
	3580.6' GR	Morrow Gas	11,241'	11,165'
	Performane			11,600'
	11,241, 42, 43, 44, 45, 46, 47, 48, 55, 11,256' 11,600' TUBING, CASING, AND CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	13-3/8" OD	324'	350
	<u>17¹2"</u>	8-5/8" OD	4500'	2000
	<u>11"</u> 7–7/8"	5 ¹ / ₃ " OD	11600'	925
		2-3/8" OD	11165'	i
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be append to or exceed top allow			
v	OIL WELL			
	Date First New Oil Run To Tanks	Date of Test	bloggerud manner is seet bendt and	
		Tubing Pressure	Casing Pressure	Choke Size
	Longt: of Test			
	Actust Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	GAS VELL			Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	55,90
	CAOF 675	4 pt Tubing Pressure (Shut-is)	298 Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	3315#	Pkr	Various
	Back Pr.			TION COMESSION
V	VI. CERTIFICATE OF COMPLIANCE			
	I bereby certify that the rules and regulations of the Oil Casservation		APPROVED AUG 22 1986 19	
	a state have been complied with and that the intermediate site		Original Signed By	
	above is true and complete to the best of my knowledge and belief.		BYLos A. Clements	
			TITLE Supervisor District []	
		\ \	This form is to be filled in t	compliance with RULE 1104.
	Elizabeth & Such		If this is a request for allowable for a mostly drilled or deepens well, this form must be accompanied by a tabulation of the deviation	
	(Signature)		tests taken on the well in accordance with will will the	
	Drlg. Engr.		All sections of this form must be filled ex completely for allow	
	(Tule)		able on new and recompleted we	bils. I TT and W. for changes of owne
	6/5/85		well name or number, or transport	(st of other service of country
	14	/	Separate Forms C-104 mus	t be filed for each pool in multip
			i completed wells.	



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