

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY  
SEP 13 1985  
O. C. D.  
ARTESIA, OFFICE

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

I. Operator  
H & S OIL COMPANY

Address  
SUITE 303 FIRST NATIONAL BANK BLDG. ARTESIA, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name INEX	Well No. 1	Pool Name, Including Formation Atoka, Glorieta, Yeso	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 26 Township 18S Range 26E , NMPM, EDDY 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"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 159 ARTESIA, NM 88210
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. Unit H Sec. 26 Twp. 18S Rge. 26E	Is gas actually connected? When NO

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-25-85	Date Compl. Ready to Prod. 9-12-85	Total Depth 3750'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3297 GR	Name of Producing Formation Yeso	Top Oil/Gas Pay 2884'	Tubing Depth 3410'					
Perforations 2884'-3481'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 3/4	8 5/8	975'	550 sacks
7 7/8	5 1/2	3767'	450 sacks

VI. 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)

Past ID-2  
9-20-85  
Comp & BK

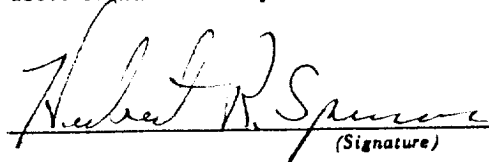
Date First New Oil Run To Tanks 8/22/85	Date of Test 8/29/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 46	Water-Bbls. 150	Gas-MCF t.s.t.m.

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Partner  
(Title)  
9/12/85  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 16 1985, 19

Original Signed By  
Les A. Clements  
Supervisor District II

TITLE

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.