

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE		✓
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LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
RECEIVED BY
SEP 22 1986
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Hondo Oil & 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 ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
Please assign oil testing allowable of 2500 BO for month of September 1986
Bone Springs 8219-8414

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilmar Federal	Well No. 1	Pool Name including Formation <i>North 5 Spur and Tamarco Bone Springs</i>	Kind of Lease State, Federal or Fee Federal LC-029389-B	Lease No.
Location Unit Letter <u>I</u> ; <u>2130</u> Feet From The <u>South</u> Line and <u>710</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1959, Midland, Texas 79702	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 4
	Twp. 18S	Rge. 31E
Is gas actually connected?	When Yes 9/02/86	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Kendra Bosnell
(Signature)

Services Supv.

(Title)

9/19/86

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 25 1986
BY *[Signature]*
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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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 *(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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size