DISTRIBUTION	RECE	VED		Е R V A р. о. во	TION DIVISIC	N	Form C-104 Revised 10-01-78 Format 06-01-83 Page 1
PILE U.B.G.B. LAND OFFICE TRANSPORTER OPERATOR PROBATION OFFICE		2 198 C. D.	36 RECU	EST FOR	MEXICO 87501 RALLOWABLE ND PORT OIL AND NATU	RAL GAS	
Operator Hondo Oil & Gas Compa	ny 🗸	<u> </u>	•				·
Address	Nort M	oriaa	88240				
P. O. Box 1710, Hobbs Reason(s) for filing (Check proper l		exico	00240		Other (Please	explain	
New Well			Transporter o	6. <sup>1</sup>			ting allowable of
	0.14						
		1		-	2500 00	_	-
Recompletion		01	nhead Gas		y Gas 2500 BO	for month of	September 1986
Change in Ownership		01	-		y Gas 2500 BO	_	September 1986
Change in Ownership		01	-		y Gas 2500 BO	for month of	September 1986
Change in Ownership	,	01	-		y Gas 2500 BO	for month of	September 1986
Change in Ownership f change of ownership give name and address of previous owner	ND LEAS	Oil Casing	ghead Gas	рл Сс	y Gas 2500 BO Indensate Bon Spr	for month of the sunger 821	September 1986 19 - 8 4/1 4
Change in Ownership f change of ownership give name and address of previous owner	ND LEAS	Oil Casing E	phead Gas Pool Nave, T		y Gas 2500 BO	for month of s	September 1986 19 - 8 4/1 4 Lease No
Change in Ownership f change of ownership give name and address of previous owner I. DESCRIPTION OF WELL A	ND LEAS	Oil Casing E	ghead Gas	Dr Cc	y Gas 2500 BO	for month of s	September 1986 19 - 8 4/1 4
Change in Ownership f change of ownership give name and address of previous owner I. DESCRIPTION OF WELL A Lease Name	ND LEAS	Oil Casing E	phead Gas	Dr Cc	y Gas 2500 BO	for month of s	September 1986 19 - 8 4/1 4 Lease No
Change in Ownership f change of ownership give name ind address of previous owner I. DESCRIPTION OF WELL A Lease Name Wilmar Federal Location	ND LEAS	011 Casing E 11 No.	Pool Nation Transaction	Dr Cc Cc Cc Dr Cc Dr Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc	y Gas 2500 BO ndensate Bon Spr providen prings	for month of s	September 1986 19 - 8 4/1 4 Lease No
Change in Ownership Change of ownership give name and address of previous owner I. DESCRIPTION OF WELL A Lease Name Wilmar Federal Location	ND LEAS	011 Casing E 11 No.	phead Gas	Dr Cc Cc Cc Dr Cc Dr Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc	y Gas 2500 BO ndensate Bon Spr providen prings	for month of the second	September 1986 19 - 8 4/1 4 Lease No Federal LC-029389-
Change in Ownership f change of ownership give name and address of previous owner I. DESCRIPTION OF WELL A Lease Name Wilmar Federal Location Unit Letter I;2	ND LEAS	011 Casing E 11 No.	Pool Note the Yourn Sout	Dr Cc Cc Cc Dr Cc Dr Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc	y Gas 2500 BO ndensate Bon Spr providen prings	for month of Internal SZ   Kind of Lease State, Federal or Fee _ Feet From The	September 1986 19 - 8 4/1 4 Lease No Federal LC-029389-
Change in Ownership f change of ownership give name and address of previous owner I. DESCRIPTION OF WELL A Lease Name Wilmar Federal Location Unit Letter I;2	<u>ND LEASI</u> Wel 130 Fe	Casing Casing E II No. 1 1	Pool Note the Yourn Sout	Dr Cc Cc Migan Bone S Ch_Lin	y Gas 2500 BO ndensate Ban Spr produce prings and 710	for month of the second	September 1986 19 - 8 4/1 4 Loase No Federal LG-029389- East
Change in Ownership Change of ownership give name ind address of previous owner I. DESCRIPTION OF WELL A Lease Name Wilmar Federal Location Unit Letter :2 Line of Section 4	ND LEASI Wei 130 Fe	Casing E II No. 1 1 18S	Peol Marie Tr Vorth S Tamare a The Sout	Dr Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc	y Gas 2500 BO ndensate Ban Spr prings and 710 31E , NMPM GAS	for month of f Kind of Lease State, Federal or Fee Feet From The Eddy	September 1986 19 - 8 4/1 4 Federal LO-029389- East County
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Change in Ownership Change of ownership give name nd address of previous owner I. DESCRIPTION OF WELL A Lease Name Wilmar Federal Location Unit Letter :2 Line of Section 4 III. DESIGNATION OF TRAN Name of Authorized Transporter of Navajo Refining Compa Name of Authorized Transporter of Conoco, Inc.	ND LEASI Wei 130 Fe Township NSPORTER Oii X Casinghead C	Casing Casing II No. 1 1 II No. 1 1 II No. 1 1 II No. 1 1 II No. 1 II NO. 1	Peol Notes Transport	Dr Cc Cc Milgar Bone S Ch Lin Iange ATURAI	GAS Address (Give address Box 159, Artes	for month of for month of Kind of Lease State, Federal or Fee Feet From The Eddy to which approved copy sia, New Mexic to which approved copy and, Texas 7	September 1986 19 - 8 4/1 4 Federal LG-029389- East County y of this form is to be sent; to 88210 y of this form is to be sent;
Change in Ownership Change of ownership give name ind address of previous owner I. DESCRIPTION OF WELL A Lease Name Wilmar Federal Location Unit Letter : Line of Section 4 III. DESIGNATION OF TRAN Name of Authorized Transporter of Navajo Refining Compa Name of Authorized Transporter of	ND LEASI Wei 130 Fe Township NSPORTER Oil X	Casing Casing E II No. // I I I I Sot From 18S OF O or Cor	Pool Nave Tr Yor Tantano a The Sout Fantano B The Sout R IL AND N. Indensate	Dr Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc Cc	y Gas 2500 BO ndensate Ban Spr prings and 710 31E , NMPM GAS Address (Give address Box 159, Artess Address (Give address Box 1959, Midl	for month of f for month of f Kind of Lease State, Federal or Fee Feet From The Eddy State, New Mexic to which approved copy and, Texas 7 When	September 1986 19 - 8 4/1 4 Federal LG-029389- East County y of this form is to be sent; to 88210 y of this form is to be sent;

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.

(Signature)

Services Supv.

9/19/86

(Date)

(Title)

OIL CONSERVATION DIVISION						
APPROVED SEP 2 5 1986						
By a Statements	_					
TITLE STOPPOVISOR DISTRICE D						

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.

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## **IV. COMPLETION DATA**

1

Designate Type of Completio	on - (X)	OII Well	F Gas Well F	New Well	Workover	Deepen I	Plug Back	Same Res'v. Diff. Res'v.	
Date Spudded	Date Comp	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	. <u>L</u>		<u> </u>	1			Depth Casir	ng Shoe	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D		· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
			·····		<u> </u>	<u> </u>			
						·····		······································	
							i		

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 allow-OIL WELL able for this depth or be for full 24 houre)

Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Tubing Pressure	Casing Pressure	Choke Size	
Oil-Bbls.	Water - Bbis.	Gas • MCF	
	Tubing Pressure	Tubing Pressure Cosing Pressure	

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

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