

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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SEP 29 1986

REQUEST FOR ALLOWABLE
AND

O. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

I.

Operator <u>Hondo Oil and Gas Company</u>	
Address <u>P.O. Box 1610, Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wilmar Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>W. Sugar Bone Springs</u>	Kind of Lease <u>State, Federal or Private</u>	Lease No. <u>LC 029389-B</u>
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>18 S</u> Range <u>31 E</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing</u>	<u>Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco, Inc.</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>K</u> <u>4</u> <u>18 S</u> <u>31 E</u> <u>Yes</u> <u>9-23-86</u> <u>Part IP-2</u>

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

10-12-86
Comp & BK

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.

Kenneth Elmer
(Signature)
Engr. Tech. Spec. 915 688-5672
(Title)
9-26-86
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 14 1986, 19 _____
BY _____ Original Signed By
Les A. Clements
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'tv.	Diff. Res'tv.
	X		X					
Date Spudded 8-20-86	Date Compl. Ready to Prod. 9-23-86	Total Depth 8540				P.B.T.D. 8497		
Elevations (DF, RKB, RT, CR, etc.) 3751 RKB	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8219				Tubing Depth 8431		
Perforations 8219 - 8414						Depth Casing Shoe 8540		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		685		750			
11	8 5/8		2184		785			
7 7/8	5 1/2		8540		1700			
	2 7/8		8032 8431					

V. 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)

Date First New Oil Run To Tanks 9-13-86	Date of Test 9-26-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 40	Casing Pressure 40	Choke Size —
Actual Prod. During Test	Oil - Bbls. 68	Water - Bbls. 25	Gas - MCF 37

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size