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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

SEP 18 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator Hondo Oil & Gas Company	Well API No. 3001526428
Address P. O. Box 2208, Roswell, NM 88202	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pitcher Federal	Well No. 1	Pool Name, Including Formation Wildcat Glorieta-Yeso	Kind of Lease State, Federal or Fee	Lease No. LC-054205
Location Unit Letter C : 990 Feet From The North Line and 1700 Feet From The West Line Section 8 Township 18S Range 27E, 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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented	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 A	Sec. 8	Twp. 18S	Rge. 27E	Is gas actually connected? No	When ?

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

IV. 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 8-5-90	Date Compl. Ready to Prod. 9-9-90	Total Depth 3044'	P.B.T.D. 3003'					
Elevations (DF, RKB, RT, GR, etc.) 3409.5 DF	Name of Producing Formation Glorieta-Yeso	Top Oil/Gas Pay 2832'	Tubing Depth 2924'					
Perforations 2832'-2901'	Depth Casing Shoe 1095'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1095'	400sx lite + 150sx Class "C"
7 7/8"	4 1/2"	3040'	250sx lite + 650sx Class "C"
	2 3/8"	2924'	

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 Tank 8-28-90	Date of Test 9-9-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	Post ID-2 10-6-90 comp + BK
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 70	Choke Size
Actual Prod. During Test	Oil - Bbls. 82	Water - Bbls. 390	Gas- MCF Vented

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

Signature Ron Brown
Printed Name Ron Brown Title Petroleum Engineer
Date 09/17/90 Telephone No. (505) 625-6735

OIL CONSERVATION DIVISIONDate Approved **SEP 28 1990**

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.