Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department REGEIVED

Revised 1-1-89 6
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico 87504-2088

APR 28 '89

DISTRICT III			re, new m				- 5			
1000 Rio Brazos Rd., Aztec, NM 87410	BEOLIEC	T FOR	ALLOWAE	BLE AND	AUTHORIZ	ZATION.	C. D.			
Υ	AND NA	TURAL GA	S ARTES	IA, OFFICE						
I. Operator	10	OI OIL	- /110 14/1	Well AP			il No.			
•										
Hondo Oil & Gas Com	parry /									
P. O. Box 2208, Ros	woll NM	88202								
Reason(s) for Filing (Check proper box)	werr, nm	00202		X Oth	er (Please expla	iin)				
New Well	Chi	inge in Trai	asporter of:		epened a	nd perf	orated we	ell		
Recompletion	Oil	· · · · · · · · · · · · · · · · · · ·								
Change in Operator	Casinghead Ga	ıs 🗌 Cor	ndensate							
If change of operator give name										
and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE					Unitization No. 14-08-001-11572					
Lease Name							d of Lease No.			
East Shugart Unit	5 Shugart Y			ates, 7R, Qn, Grbg XX			Federal or Fee NM-10190			
Location										
Unit Letter	. 380	Fee	t From TheN	North Lin	and99	90 Fe	et From The	West	Line	
Ome Lower										
Section 35 Townsh	ip 18S	Rat	nge 31 F	, N	мрм,	Eddy			County	
III. DESIGNATION OF TRAI			AND NATU	RAL GAS						
Name of Authorized Transporter of Oil				Address (Give address to which approved copy of this form is to be sent)					nt)	
Texas-New Mexico P					3ox 2528					
Name of Authorized Transporter of Casi	ighead Gas	x or l	Dry Gas	1			copy of this for		nt)	
Phillips Petroleum	• • • • • • • • • • • • • • • • • • • •			4001 Penrock, Odessa, Is gas actually connected? When Yes 4						
If well produces oil or liquids, give location of tanks.										
							12/09			
If this production is commingled with that IV. COMPLETION DATA	from any other le	ase or pool	, give commingi	ing order num						
IV. COMPLETION DATA	10	: 15/- U	Con Wall	Non Wall	Workeyer	Dooner	Plug Back S	ama Pas'u	Diff Res'v	
Designate Type of Completion	i - (X) i	il Well X	Gas Well	New Well	Workover !	Deepen X	l runk Decer 19	mille WES A	Pill Res V	
Date Spudded	Date Compl. R		ld.	Total Depth	i	1	P.B.T.D.			
	· ·	-		'	4360'		1	4145'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Pay		Tubing Depth			
3648' GR	Oueen	_			3318'			3939'		
Perforations Queen							Depth Casing Shoe			
3318-3893'								4360'		
3310 3023	TUE	ING. CA	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	9	9 5/8"		190'			70 sx.			
		7"			2823'		365 sx.			
6 1/4"	4	4 1/2"			4360'			200 sx. Lite + 300 sx.		
	2	2 3/8"			3939'					
V. TEST DATA AND REQUE										
OIL WELL (Test must be after		olume of la	ad oil and must					full 24 hour	'8.) ≠ 7*N _ オー	
Date First New Oil Run To Tank	Date of Test	- m			ethod (Flow, pu	ımp, gas lift, i	eic.)	-	TD-1	
4/15/89	 	4/26/89			Pumping Casina Pressure				-5-89	
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure				Y + BK	
24 hrs.	0: 5::	On Phil			Water - Phis			<i>V </i>	EEPEN	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
		83			52		<u> </u>	25		
GAS WELL				· · · · · · · · · · · · · · · · · · ·			10-1-1-			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF		Gravity of Co	ndensale		
	יייייייייייייייייייייייייייייייייייייי				Casing Pressure (Shut-in)			Choke Size		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Cabing Freesure (Sinti-III)			CHORE SIZE			
							1	,]	
VI. OPERATOR CERTIFIC	CATE OF CO	OMPLI.	ANCE		711 CON	ISEDV	ΔΤΙΩΝΙ Γ	אועופור)NI	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my			pove	_	_		MAY	1 1989)	
is true and complete to the best of thy	anomicoge and be			Date	Approve	d	11771			
(on 65.0	w						a. 1 n			
Signature						Original	Signed B	у		
Ron Brown	,, , , , , , , , , , , , , , , , , , ,				By Original Signed By Mike Williams					
Printed Name		Tit		Title						
4/27/89	505/6	525-876		11						
Date		Telepho	se No.	. 11						

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.