

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1-
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

SEP 9 1966

O. C. C.
ARTESIA, OFFICE

I.

Operator	Hondo Oil & Gas Company ✓		
Address	P. O. Box 1978, Escondido, California		
Reason(s) for filing (Check proper box)	Order (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter or <input type="checkbox"/>	to change transporter of oil and give	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	central battery location.	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	From McWood Corporation	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL

Lease Name	Well No. Pool Name, Including Formation	Kind of Lease	Lease No.
Culwin Queen Unit	14 Shugart, N, SR, C, G.	State, Federal or Fee Federal	*
Location	Unit Letter D 390 Feet From The North Line and 390 Feet From The East		
Line of Section 6	Township 19 S	Range 31 E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Company	P. O. Box 2510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company	Box 6666, Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
P 36	18 S	30 E	Yes
			When 1-1-65

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

IV. COMPLETION DATA

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

District Production & Drilling Supt.

9-7-66 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 9, 1966

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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