

DISTRIBUTION			
SANTA FE			
FILE			✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
PRODUCTION 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

OCT 15 1974

Operator Hondo Drilling Company ✓		O. C. C. ARTESIA, OFFICE	
Address P.O. Drawer 2516, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	240 bbls. To transport condensate produced during testing periods.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Union TX State Com.	Well No. 1	Pool Name, Including Formation Wildcat - Middle Morrow	Kind of Lease State, Federal or Fee State	Lease No. K-4093
Location Unit Letter N 660' Feet From The South Line and 1980' Feet From The West Line of Section 17 Township 19-S Range 29-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Pipeline Division	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 N	Sec. 17	Twp. 19S	Rge. 29E
	Is gas actually connected?		When	
	No		Negotiating Contract	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 5/18/74	Date Compl. Ready to Prod. 9/19/74	Total Depth 11,515'		P.B.T.D. 11,247'					
Elevations (DF, RKB, RT, GR, etc.) 3365 Ground Level	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,144'		Tubing Depth 11,080'					
Perforations 11,144' - 11,202'				Depth Casing Shoe 11,514'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8" 48#		361'		275 Sacs, 8 Yds R.Mix				
12-1/4" - 11"	8-5/8" 24-32#		2761'		1050 Sacks, Circulated				
7-7/8"	5-1/2" 17-20#		11514'		800 Sacks				
	2-3/8" Od 4.70#		11080'						

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)

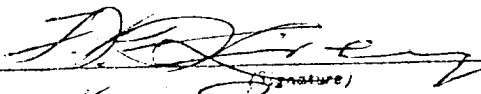
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

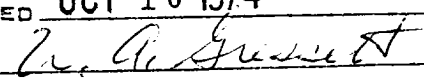
Actual Prod. Test - MCF/D 1.538	Length of Test 24 Hours	Bbls. Condensate/MMCF 28	Gravity of Condensate 52.8
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 275 (3339)	Casing Pressure (Shut-in) Packer	Choke Size 1/2"

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)
Joe Green
(Title)
10/14/74
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 16 1974
BY 
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 completed wells.