

DISTRIBUTION			
DATE			
FILE			
NO. S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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

APR 14 1976

Operator Honeysuckle Exploration Corporation ✓		O.C.C. ARTESIA, OFFICE	
Address 150 Petroleum Club Building, Denver, Colorado 80202			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 20	Well No. 1-Y	Pool Name, including Formation	Kind of Lease State, Federal or Free	Lease No. NM-12211
Location Unit Letter <u>N</u> ; <u>2030</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>South</u> Line of Section <u>20</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"/> Navajo Crude Oil Purchasing Comp.	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>20</u>	Twp. <u>18S</u>	Rge. <u>31E</u>	Is gas actually connected? <u>No</u>	When <u>60 Days</u>

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 <u>X</u>	Gas Well	New Well <u>X</u>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>2-1-76</u>	Date Compl. Ready to Prod. <u>3-8-76</u>		Total Depth <u>3950'</u>		P.B.T.D. <u>3926'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3632' DF</u>	Name of Producing Formation <u>Grayburg</u>		Top Oil/Gas Pay <u>3718'</u>		Tubing Depth <u>3852'</u>			
Perforations <u>3718', 3723', 3776', 3780', 3811' &amp; 3856' w/LSPF</u>					Depth Casing Shoe <u>3950'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>744'</u>		<u>150</u>			
<u>7-7/8"</u>	<u>4-1/2"</u>		<u>3950'</u>		<u>1100</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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 <u>3-10-76</u>	Date of Test <u>3-31-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>--</u>	Choke Size <u>--</u>
Actual Prod. During Test <u>74.77</u>	Oil - Bbls. <u>22.15</u>	Water - Bbls. <u>52.62</u>	Gas - MCF <u>5.45</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (pitot, 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.

John Yuranka  
(Signature)

Authorized Agent  
(Title)

April 12, 1976  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 14 1976, 19\_\_\_\_  
BY W. A. Gressett  
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.

# M-G-F DRILLING Co., Inc.

7TH FLOOR, VAUGHN BUILDING

MIDLAND, TEXAS 79701

915 - 684-7173

## INCLINATION REPORT

### OPERATOR:

Honeysuckle Exploration  
450 Petroleum Club Building  
Denver, Colorado

### LOCATION:

Federal 20-1~~A~~Y  
Section 20, T-18-S,  
R-31-E, Eddy County,  
New Mexico.

Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees
500	1/2						
984	1/2						
1423	1/2						
1788	3/4						
1995	3/4						
2157	3/4						
2157	2						
2488	2 1/4						
2713	2 1/2						
3135	2 1/2						
3389	2 1/4						
3620	2						
3905	1						
3950 TD	1						

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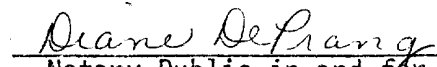
O. C. C.  
ARTESIA, OFFICE

STATE OF TEXAS  
COUNTY OF MIDLAND

The undersigned states that he has knowledge of the facts and matter herein set forth and that the same are true and correct.

  
L. E. Grimes, Vice President, Manager

SUBSCRIBED AND SWORN TO BEFORE ME this the 18th day of February, 1976.

  
Diane DePrang  
Notary Public in and for Midland County  
Texas.

My Commission Expires:  
June 1, 1977