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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

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OCT 4 1976

Operator		O.C.C. ARTESIA, OFFICE		
Honeysuckle Exploration Corp. ✓				
Address 450 Petroleum Club Bldg, Denver, Colo 80202				
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-1-76 ✓ UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>
If change of ownership give name and address of previous owner				

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal 26	2	Shugart	State, Federal or Fee	LC-029392B
Location				
Unit Letter	J	1880 Feet From The	S	Line and 1880 Feet From The
Line of Section	26	Township	18S	Range 31E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Navajo Crude Oil Purchasing Corp.		Artesia, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Continental Oil Company		P.O. Box 2197, Houston, Texas 77001		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
	0	26	18S	31E
Is gas actually connected?		When		
No 12-5		90 days 12-4-76		

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

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7/26/76	8/17/76		4084'		3970'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3660 GR	Seven Rivers Grayburg, Penrose		2656'		3784'			
Perforations					Depth Casing Shoe			
2656' - 3784'					4084'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		879'		575 SX			
7 7/8"	4 1/2"		4084'		500 SX			
	2 3/8"		3784'					

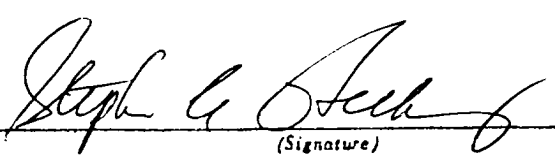
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8/17/76	9/7/76	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
38.63	38.63	No	30

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

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)  
President  
(Title)  
October 1, 1976  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 4 1976  
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.