

DISTRIBUTION	
SANTA FE	5
FILE	1
U.S.G.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 O-104
Supersedes O-104 and O-110
Effective 1-1-65

RECEIVED

APR 21 1978

I. Operator	
Atlantic Richfield Company ✓	
Address	
P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well: <input type="checkbox"/>	Change in Transporter of:
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 type="checkbox"/>
Other (Please explain, Designated initial Transporter of Dry Gas effective: 4-20-78	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Hondo 22 State	1	Undesignated Atoka Gas	State, Federal or Fee State
Location			
Unit Letter	H	1980 Feet From The	North Line and 990 Feet From The East
Line of Section	22	Township	19S Range 28E, 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"/>	Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation	P. O. Box 1183, Houston, Tex. 77001		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.	Jal, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
H	22	19	28
Is gas actually connected?	Yes	When	4-20-78

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Al L. Shackelford
(Signature)
Accountant I
(Title)
4-20-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 26 1978, 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms O-104 must be filed for each pool in which the

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OIL CONSERVATION COMMISSION

APR 25 1978

P.O. DRAWER DD

O. C. C.
ARTESIA, OFFICE

ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION

Date 4/21/78

This is to notify the Oil Conservation Commission that connection
for the purchase of gas from the Atlantic Richfield Co. (0355)

Hondo 22 State

Operator

Lease

#1

G

22-19-28

Well & Unit

S.T.R.

Wildcat Atoka

Pool

El Paso Natural Gas Co.

Name of Purchaser

was made on 4/20/78

25290

Site Code

El Paso Natural Gas Co.

Purchaser

Francis R. Elliott

Representative

Gas Production Status Analyst

Title

TRE; b1

cc: To operator

Oil Conservation Commission - Santa Fe

T. J. Crutchfield

Proration

H.P. Logan

File

Earl Smith

Charles Ward

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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

RECEIVED

I. Operator
Atlantic Richfield Company
Address
P. O. Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter oil: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hondo 22 State	Well No. 1	Pool Name, including Formation Undesignated Atoka Gas	Kind of Lease State, Federal or Fee State
Location Unit Letter H ; 1980 Feet From The North Line and 990 Feet From The East Line of Section 22 , Township 19S Range 28E , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 H	Sec. 22	Twp. 19	Rge. 28	Is gas actually connected? No	When WOPLC

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Date Spudded 9/2/77	Date Compl. Ready to Prod. 12/7/77	Total Depth 11,315'			P.B.T.D. 11,115'		
Pool Undesignated Atoka Gas	Name of Producing Formation Atoka Gas		Top Oil/Gas Pay 10,477'		Tubing Depth 10,374'		
Perforations 10,477-10,483'						Depth Casing Shoe 11,312'	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
17 1/2"	13-3/8" OD		403'		340		
12 1/4"	9-5/8" OD		2820'		1400		
8-3/4"	5 1/2" OD		11,312'		1585		
	2-7/8" OD		10,374'				

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 1166 CAO F	Length of Test 4 hrs	Bbls. Condensate/MMCF 10	Gravity of Condensate 57.1
Testing Method (pitot, back pr.) 4-pt	Tubing Pressure 225#	Casing Pressure Pkr	Choke Size 4" X 0.875"

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.

D. L. Shuckelford
(Signature)
Accountant I
(Title)
12/22/77
(Date)

OIL CONSERVATION COMMISSION
APPROVED **APR 26 1978**, 19
BY **W. A. Gressett**
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 104.
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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.