	John Commedition	5	i			
	DISTRIBUTION		NEW MEXICO OIL CONSE	RVA		
	SANTA FE		REQUEST FOR	ALL		
	FILE	1/	AN	D		
	U.S.G.S.		AUTHORIZATION TO TRANSP	ORT		
	LAND OFFICE					
	TRANSPORTER GAS	7				
	OPERATOR	1	7			
I.	PRORATION OFFICE					
	Hondo Oil & Gas					
	Address					
			obbs, New Mexico 88240			
	Reason(s) for filing (Check p	proper box)			
	New Well		Change in Transporter of:	i		
	=		· `	_		
	Recompletion		Oil Dry Gas			
	Recompletion Change in Ownership		Oil Dry Gas Casinghead Gas Condensate			
II.	If change of ownership giv and address of previous ow		Casinghead Gas Condensate	- F		
u.	Change in Ownership		Casinghead Gas Condensate	an		
H.	If change of ownership give and address of previous ownership of the desired of t	L AND	Casinghead Gas Condensate THANTIC RICHARD CO LEASE R-59115 Mills	.cludir		
u.	If change of ownership give and address of previous ownership of DESCRIPTION OF WELL Lease Name	L AND	Casinghead Gas Condensate TIANTIC RENETED IS LEASE P-59115 MULL Well No. Pool Name, In	.cludir		
IJ.	If change of ownership give and address of previous ownership of the second of the sec	L AND	Casinghead Gas Condensate TIANTIC RENETED IS LEASE P-59115 MULL Well No. Pool Name, In	cludir		

10-4-78

(Date)

TION COMMISSION OWABLE

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

	U.S.G.S.	411THODIZATION TO TRA	ANU	4.5			
	LAND OFFICE	AUTHURIZATION TO TRA	NSPORT OIL AND NATURAL G				
	OIL /			PECEIVED			
	TRANSPORTER GAS /						
	OPERATOR /	· ·	·	OCT 6 19 78			
I.	PRORATION OFFICE			0 1570			
	Operator O. C. C.						
	Hondo Oil & Gas		HTESIA, OFFICE				
	Address D. O. Boy 1710, Hobby, Now Moyi co. 88240						
	P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Change in Transporter of:						
	Recompletion Oil Dry Gas Richfield Co. to Hondo Oil & Gas						
	Change in Ownership Casinghead Gas Condensate eff: 9-1-78.						
	If change of ownership give name	TLANTIC RIPLETER	16 P.A.Bes 1710	Noths NM 88240			
If change of ownership give name ATLANTIC KIENTIELD 12 P.O. Bc, 1710 Notice Minimal and address of previous owner ATLANTIC KIENTIELD 12 P.O. Bc, 1710 Notice Minimal Andrews							
II.	DESCRIPTION OF WELL AND	LEASE R-59115 mu	Una atoka Gas				
	Lease Name	Well No. Pool Na	ne, Including Formation	Kind of Lease			
	Hondo 22 State	1 Wilde	cat Atoka G as	State, Federal or Fee State			
	Location						
	Unit Letter H ; 1980 Feet From The North Line and 990 Feet From The East						
	22	Line of Section 22 Township 195 Range 28E NMPM, Eddy County					
	Line of Section 22 , Tov	wnship 198 Range 2	28E , NMPM, Eddy	County			
ftt	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	\$				
111.	Name of Authorized Transporter of Cil		Address (Give address to which approx	ed copy of this form is to be sent)			
	The Permian Corpor		P. O. Box 1183, Houst	on. Texas 77001			
	Name of Authorized Transporter of Cas		Address (Give address to which approx				
	El Paso Natural Ga	as Co.	Jal, New Mexico 8825	2			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe				
	give location of tanks.	H 22 19 28	Yes	4-20-78			
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:				
ŧ٧.	COMPLETION DATA						
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
			(Table 1)	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.			
	Pool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth			
	Perforations		<u> </u>	Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD	.,			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
				<u> </u>			
		COD ALL OWARD E					
V.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
				105.2			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
				2 (
	Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF			
				1 / / 1			
	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 COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION			
		-	APPROVED 0CT 6 1978 , 19				
	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 th	e best of my knowledge and belief.					
•			TITLE SUPERVISOR, DISTRICT H				
		1 0 4 0	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
	XVX Shai	Rellard					
	O.L. Shackelfard		well this form must be accompanied by a tabulation of the deviation				
	Accountant I		tests taken on the well in accordance with RULE 111.				
	(Title)		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 C-104 must be filed for each pool in multiply