

DST #1 Wolfcamp 9262-9291'. Set pkr @ 9234'. TO @ 8:27 AM 12/16/78 for 5 min IFP. Closed tool @ 8:32 AM, press 50.1# ARO 565 MCFD. 60 min ISIP. TO @ 9:35 AM for 20 min FFP FARG 643 MCFD on 1/2" ck, 512 MCFD @ end of test, 90 mins. Closed tool @ 11:07 AM for FSIP tool closed 120 mins to 1:07 PM 12/16/78. Rel pkr, POH w/test tools, rec 2.6 bbls drlg fluid, 5.5 bbls Dist. Sampler 1.3 cfg, 120 cc dist, IHP 4627, IF 180, ISI 4690, FF 256-484, FSI 4614, FH 4665. DST #2 Atoka 10,297'-10,366'. 1500' BWC. TO @ 6:00 AM on Teleflow. Btm ck 15/16", surf ck 1/2". TO @ 5:55 AM for 15 min w/surf valve shut. TP 27#. SI @ 6:10 AM for 2 hrs. Press incr to 570#. Op for FF @ 8:10-10:37 AM on 1/2" surf ck, 15/16" BC, flare gas. 10:32 AM (22 min Open) TP 500#, 3400 MCF, declined to 420#, 2300 MCF @ 10:37 AM. 2 hr 27 min flow period, closed tool @ 10:37 AM for 2-1/2 hrs. Pld pkr loose @ 1:15 PM. RO 2.3 bbls dist, 11 bbls gas cut mud, no wtr. BHT 170°F. IHP 5522, IF 776-1065, ISI 4511, FF 1465-1065, FSI 4274, FH 5522. DST #3 Morrow Gas 10,742-10,840'. 1500' BWC. TO @ 4:53 AM 12/25/78. No press incr. Closed tool @ 5:09 for 90 min SI. TO @ 6:40 AM for 1 hr FP. Press @ end 1 hr 5.57 psi. Closed for 2 hr SI @ 7:40 AM. POH w/tools, rec 71 bbls, 5500' drlg fluid. BHT 176°F, IHM 5900, IF 1265-1320, ISI 2427, FF 2240-2782, FSI 2414, FHM 5900. Test inconclusive. Fin drlg 7-7/8" hole to 11,140' TD @ 10:15 AM 12/29/78. Ran GR/CNL/FDC

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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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SEP 21 1979

I. Operator
Hondo Oil & Gas Company ✓
Address
P.O. Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Assign transporter of Condensate & dry gas eff: 9-19-79

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CB Com.	Well No. 1	Pool Name, including Formation Under-saturated Winchester Atoka Gas	Kind of Lease State, Federal or Fee State	Lease No. 648
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 29 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"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas Pipeline Co. of America	Address (Give address to which approved copy of this form is to be sent) Box 236, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29	Twp. 19S	Rge. 28E	Is gas actually connected? Yes	When 9-19-79

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.			
Elevations (DF, RKB, RT, GR, etc.)	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 (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.

D. L. Shackelford
(Signature)

Engrg. Tech. Spec.

(Title)

9-20-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 26 1979
BY W. A. Gessert
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.