

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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AUG 13 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

| | |
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| SANTA FE | <input checked="" type="checkbox"/> |
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | |

I. Operator
Hondo Oil & Gas Company

Address
P. O. Box 1710, Hobbs, New Mexico 88240

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 | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Turkey 4 State | 1 | North Turkey Track Morrow Gas | State, Federal or Fee State | E-5136 |

Location
Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 4 Township 19S Range 29E , NMPM, Lea Eddy 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Crude Oil Purchasing | P. O. Box 175, Artesia, New Mexico 88210 |
| 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) |
| Conoco, Inc. | Box 460, Hobbs, N.M. 88240 |

| | | | | | | |
|----------------------------------------------------------|------|------|------|------|----------------------------|----------------|
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | F | 4 | 19S | 29E | No | NOPLG 12-21-82 |

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. |
| | | X | X | | | | | |

| | | | |
|------------------------------------|-----------------------------|-----------------|-------------------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 3/24/82 | 8/1/82 | 11,425' | 11,326' |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 3421.4' GR | Morrow Gas | 11,136' | 10,999' |
| Perforations | | | Depth Casing Shoe |
| 11,136' - 11,167' = 124 holes | | | 11,425' |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------------|
| 26" | 20" cond pipe | 30' | 2 1/2 yds Redi-mix |
| 17 1/2" | 13-3/8" OD | 370' | 400 sx |
| 12 1/2" | 8-5/8" OD | 3005' | 2500 sx |
| 7-7/8" | 5 1/2" OD | 11,425' | 900 sx |
| | 2-3/8" OD | 10,999' | |

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 |
| 552 | 5 hrs | 17 | 54.80 |
| Testing Method (flow, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size |
| Back pr. | 3132# | Pkr | Various |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Noland P. Lawrence
(Signature)

Drlg. Engr.
(Title)

8/11/82
(Date)

OIL CONSERVATION DIVISION
JAN 26 1983

APPROVED _____, 19____

BY Leslie A. Clements
Supervisor District II

TITLE _____

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 conditions.
Separate Form C-104 must be filed for each part in multiple completion wells.