

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

APR 8 1975

I.

Operator Jake L. Hamon		O. C. C.	
Address 611 The Petroleum Building, Midland, Texas 79701		ARTESIA, OFFICE	
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"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead 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 Federal 9 COM	Well No. 1	Pool Name, including Formation Burton Flat, Upper Morrow	Kind of Lease State, Federal or Free Federal
Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 9 , Township 21-S Range 27-E , 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 3119, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal, New Mexico 88252		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 9	Twp. 21-S
		Rge. 27-E	Is gas actually connected? Yes
			When April 3, 1975

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 Resv.	Diff. Res
		X	X					
Date Spudded 12-22-74	Date Compl. Ready to Prod. 3-20-75		Total Depth 11,700'		P.B.T.D. 11,460'			
Pool Burton Flat	Name of Producing Formation Upper Morrow		Top Oil/Gas Pay 11,174'		Tubing Depth 11,161.38'			
Perforations Gearhart-Owen Comp. Tool open @ 11,349' & 11,368'					Depth Casing Shoe 11,681.62'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
28"	20"		30'		2 1/2 yds Redi-mix			
12 1/4"	9 5/8"		3,045'		1050 sacks			
8 3/4"	5 1/2"		11,681.62'		1100 sacks			
	2 3/8"		11,161.38'					

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)

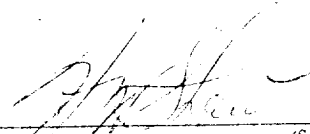
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF

GAS WELL

Actual Prod. Test-MMCF/D 4,686	Length of Test 3 hrs	Bbls. Condensate/MMCF 9.26	Gravity of Condensate 53
Testing Method (pitot, back pr.) 4 point back press	Tubing Pressure 1903	Casing Pressure Packer	Choke Size 16/64

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.


(Signature)
Production Superintendent
(Title)
April 7, 1975
(Date)

OIL CONSERVATION COMMISSION
APR - 9 1975
APPROVED _____, 19____
BY **N. A. Gussert**
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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-