NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CON		Form C-104 Supersedes Old C-104 and C-110
SANTA FE		OR ALLOWABLE AND	Effective 1-1-65
U.S.G.S.		SPORT DIL AND NATURAL GA	S
LAND OFFICE	KECEIVED I	5¥ —	
TRANSPORTER OIL GAS	OCT 1: Nor		
OPERATOR	О.С. D		
PRORATION OFFICE	ARTES A CHERRY	TE T	
Hamon Operating Company	y /	na n	
Address			
611 Petroleum Building			
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain) Change operator no	no from Homon Oil
	Oil Dry Gas	Change operator na	
Recompletion Change in Ownership	Casinghead Gas Condens		perating company
If change of ownership give name and address of previous owner			
•			
DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including For	mation Kind of Lease	Lease No.
Lease Name Federal 9 COM	1 Burton Flat M		<sup>cr Fee</sup> Federal NM 18727
Location			
Unit Letter G; 19	80 Feet From The North Line	and <u>1980</u> Feet From Th	e <u>East</u>
Line of Section 9 Tow	mship 21-S Range 27	<u>-Е , NMPM,</u>	Eddy County ]
	TO OF OUL AND NATURAL GAS		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
The Permian Corporatio	- 「読む品紙」に対して大手につか。	P. C. Box 1183, Houston,	Texas 77251
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approve P. O. Box 1320, Hobbs, N	ed copy of this form is to be sent)
Llano, Inc.			
If well produces oil or liquids,		Is gas actually connected? When	
give location of tanks.	G 9 21S 27E		April 3, 1975
If this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Completio	$\operatorname{on} - (X)$		1 I
Date Spuddod	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
Perforations			Depth Casing Shoe
	TUBING, CASING, AND		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Past ID-3
			10-25-85
			Cha Do NAME
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil a	and must be equal to or exceed top allow-
OIL WELL	able jor this at	oth or be for full 24 hours) Producing Method (Flow, pump, gas life	t. etc.)
Date First New Oil Run To Tanks	Date of Test	producing worked (r tow, pamp, get to	,
	Tubing Pressure	Casing Pressure	Choke Size
Length of Tost			
Actual Prod. During Test	Oil-Bbla.	Water-Bble.	Gas - MCF
		·	
GAS WELL	Le sub-st Trest	Bbla, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
. CERTIFICATE OF COMPLIAN	CE		TION COMMISSION
		OCT 1	8 1985
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.			
		BYLes A. Clements	
		TITLE Les A. Clainents	
		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	
(Title)		All sections of this form must be filled out completely for allow- eble on new and recompleted wells.	
		mus a only Continue I I	I, III, and VI for changes of owner, ter, or other such change of condition
والمحافظ والمحافظ بالمحافظ والمحافظ والمحافظ والمحافظ والمحافظ المراجعات والمحافظ والم	)ate)	Well name or number, or transport	