

SANTA FE	5
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

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-11
Effective 8-1-65

OCT 15 1981

O. C. C.
APPROVED

Operator Jake L. Hamon ✓	
Address 611 Petroleum Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
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 checked="" type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal 33	Well No. 1	Pool Name, Including Formation Undesignated Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. 30-034457
Location Unit Letter I; 1980 Feet From The South Line and 660 692 Feet From The East				
Line of Section 33 Township 20S Range 26E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Fina Supply, Inc.	P. O. Box 2159, Dallas, Texas 75221	
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)	
Natural Gas Pipeline Company of America	P. O. Box 236, Midland, Texas 79702	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 33
	Twp. 20S	Rge. 26E
	Is gas actually connected? <input checked="" type="checkbox"/> When 12-2-81	
	New being tied in <input checked="" type="checkbox"/> Est. completion 10/16/81	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
		X	X					
Date Spudded 8-9-80	Date Compl. Ready to Prod. 2-5-81	Total Depth 10451	P.B.T.D. 10415'					
Elevations (DF, RKB, RT, GR, etc.) 3280' Gr. 3296' K.B.	Name of Producing Formation Morrow	Top Oil/Gas Pay 9993'	Tubing Depth 9,896'					
Perforations 10,021 to 10,148'; 10,182' to 10,235' and 10,342' to 10,383'			Depth Casing Shoe k9m459					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	12-3/4"	350.00'	415					
11"	8-5/8"	2,808.39'	900					
7-7/8"	5-1/2"	10,450.00'	1225					
5-1/2" Casing	2-3/8" tubing	9,896.00'	-					

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 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 See NM Form C-122 "Back Pressure Test for Gas Well"

Actual Prod. Test-MCF/D 2497 CAOF	Length of Test 4 hrs	Bbls. Condensate/MMCF 0.6	Gravity of Condensate 46.1
Testing Method (pitot, back pr.) 4 point Back Pressure	Tubing Pressure (Shut-in) 2773	Casing Pressure (Shut-in) 0 - Packer	Choke Size

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.

Cecil H. Barton
(Signature)
Petroleum Engineer
(Title)
October 13, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 9 1981
BY W. A. Gressett
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.