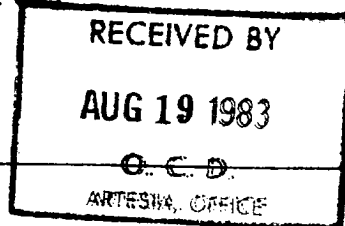


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LAND OFFICE	<input checked="" type="checkbox"/>	
TRANSPORTER	<input checked="" type="checkbox"/>	
OIL	<input checked="" type="checkbox"/>	
GAS	<input checked="" type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
PRODUCTION OFFICE	<input checked="" type="checkbox"/>	

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



Operator  
Jake L. Hamon ✓

Address  
611 Petroleum Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 1-33	Pool Name, including Formation Springs 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 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)
Tesoro Crude Oil Co.	8700 Tesoro Drive, San Antonio, Texas 78286
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 Sec. Twp. Rge. I 33 20S 26E
Is gas actually connected?	When Yes December 2, 1981

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'v.	Diff. Res'v.
		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' KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 9993	Tubing Depth 9896					
Perforations 10,021 to 10,148'; 10,182' to 10,235' and 10,342' to 10,383'			Depth Casing Shoe 10450					
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 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. Tests-MCF/D 2497 GAOF	Length of Test 4 hrs	Bbls. Condensate/MMCF 0.6	Gravity of Condensate 46.1
Testing Method (pilot, 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)  
August 17, 1983  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 26 1983, 19  
BY Mike Williams  
TITLE OIL AND GAS INSPECTOR

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.