

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

NEW MEXICO OIL CONSERVATION COMMISSION
ARTESIA, NM 88210
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
OCT 18 1983

O. C. D.
ARTESIA, OFFICE

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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 33	Well No. 1-33	Pool Name, including Formation Wildcat Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. 30-034457
Location Unit Letter I ; 1980 30 Feet From The South Line and 690 Feet From The East Line of Section 33 Township 20S Range 26E , NMPM, Eddy County				

II. 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) 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) 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? Yes	When December 2, 1981

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

III. 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		X
Date Spudded 8-9-80	Date Compl. Ready to Prod. PB 9-15-83	Total Depth 10451'		P.B.T.D. 9947'					
Elevations (DF, RKB, RT, GR, etc.) 3280' GR 3296' KB	Name of Producing Formation Strawn	Top Oil/Gas Pay 9310'		Tubing Depth 9291'					
Perforations 9326' - 9356'		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'		-			

IV. TEST DATA AND REQUEST FOR ALLOWABLE (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)

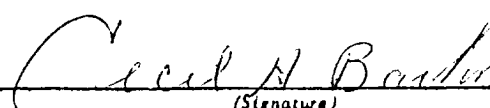
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

Actual Prod. Test-MCF/D 478 CAO	Length of Test 4 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2478	Casing Pressure (Shut-in) 0 - Packer	Choke Size 1"

V. 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.


Petroleum Engineer
October 6, 1983

OIL CONSERVATION COMMISSION
APPROVED OCT 25 1983
Original Signed By
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 condition.