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NEW MEXICO OIL CONSERVATION CO. MISION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Superseded by Form C-104 and C-111

RECEIVED BY
 JAN 09 1984
 O. C. D.
 ARTESIA, OFFICE

I. Operator
 Hamon Oil Company ✓
 Address
 611 Petroleum Building, Midland, Texas 79701
 Reason(s) for filing (Check proper box)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Change operator name from Jake L. Hamon to Hamon Oil Company

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Federal 33 Well No. 1-33 Pool Name, including Formation Springs - Strawn Gas Kind of Lease State, Federal or Fee Federal Lease No. 80-034457
 Location
 Unit Letter I ; 1980 Feet From The South Line and 690' Feet From The East
 Line of Section 33 Township 20S Range 26E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
 Tesoro Crude Oil Company 8700 Tesoro Drive, San Antonio, Texas 78286
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 Natural Gas Pipe Line Company of American 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:

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resrv. Diff. Resrv.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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-MCF

GAS WELL
 Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (puot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.
 Betty McConney (Signature)
 Production Clerk (Title)
 January 4, 1984 (Date)

OIL CONSERVATION COMMISSION
 FEB 27 1984
 APPROVED Original Signed By Leslie A. Clements, 19
 BY 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 conditions.