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FILE

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

RECEIVED BY

OCT 11 1985

O. C. D.

ACTING DIRECTOR

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator

Hamon Operating Company

Address

611 Petroleum Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Change operator name from Hamon Oil Company to Hamon Operating Company

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

State L-4325

Well No.

1

Pool Name, including Formation

North Black River-Atoka

Kind of Lease

State, Federal or Fee

State

Lease No.

L-4325

Location

Unit Letter

K

1980

Feet From The

South

Line and

1980

Feet From The

West

Line of Section

2

Township

24S

Range

26E

NMPM,

Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

The Permian Corp.

Address (Give address to which approved copy of this form is to be sent)

Box 519 Midland, Tex. 79701

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Llano, Inc.

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1320, Hobbs, New Mexico 88240

If well produces oil or liquids, give location of tanks.

Unit

K

Sec.

2

Twp.

24S

Rge.

26E

Is gas actually connected?

Yes

When

November 4, 1974

COMPLETION DATA

Designate Type of Completion - (X)

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

Post ID-3

10-25-85

Chg Op Name

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

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. Baston

(Signature)

Production Engineer

(Title)

August 14, 1985

(Date)

OIL CONSERVATION COMMISSION

APPROVED

OCT 18 1985

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BY

Original Signed By

Les A. Clements

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.