

10. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COM. SION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
RECEIVED BY
SEP 10 1984
O. C. D.
ARTESIA, OFFICE

Operator Hamon Oil Company	
Address 611 Petroleum Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE <u>B-7753 12/13/84</u>			
Lease Name State L-4325	Well No. 1 Pool Name, including Formation Wildcat Atoka	Kind of Lease State, Federal or Fee State	Lease No. L-4325
Location			
Unit Letter <u>K</u> ; 1980 Feet From The <u>South</u> Line and 1980 Feet From The <u>West</u>			
Line of Section <u>2</u> Township <u>24S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> 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)					
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701					
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)					
Llano, Inc.	P. O. Box 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2	Twp. 24S	Pge. 26E	Is gas actually connected? No <u>yes</u>	When <u>9-14-84</u>

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input checked="" type="checkbox"/>		
Date Spudded 4-30-74	Date Compl. Ready to Prod. After PB 8/29/84	Total Depth 11,940'	P.B.T.D. PB 10,955'
Elevations (DF, RKB, RT, GR, etc.) 3284.8' GR 3304' KB	Name of Producing Formation Atoka	Top Oil/Gas Pay 10,556'	Tubing Depth 10,450'
Perforations 10,556', 58', 60', 62', 67', 69', 71', 76', 80', 82', 84', 88', 91', 98', 10,601', 03', 10', 13', 16', 18', 23', 25', 30', 32', 34', 36', 41', 43'		Depth Casing Shoe 11,935.34'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4"	440.00'	500
10-5/8"	8-5/8"	5,446.95'	875
7-7/8"	5-1/2"	11,935.34'	650
5-1/2"	2-3/8"	10,450'	None

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 2,527	Length of Test 4 hours	Bbls. Condensate/MMCF TSTM	Gravity of Condensate 54.2
Testing Method (pitot, back pr.) 4 Pt Back Pressure	Tubing Pressure (Shut-in) 4690	Casing Pressure (Shut-in) Packer	Choke Size 13/64"

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.	
<u>Cecil H. Barten</u> (Signature) Petroleum Engineer (Title) September 6, 1984 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>OCT 15 1984</u> , 19	
BY	Original Signed 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.	