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NEW MEXICO OIL CONSERVATION COMM. 301
REQUEST FOR ALLOWABLE
AND
RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 22 1985
O. C. D.
ARTESIA, OFFICE

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

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

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Mobil Federal	Well No. 1	Pool Name, Including Formation South Carlsbad Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-027994A
Location				
Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>23-S</u> Range <u>26-E</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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) No condensate production on this well	
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) 611 Petroleum Building, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 25
	Twp. 23S	Rge. 26E
	Is gas actually connected? <u>No</u> When <u>Approximately 1-28-85</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X	X			X	
Date Spudded 7-11-74	Date Compl. Ready to Prod. 1-15-85	Total Depth 11,957' MD		P.B.T.D. 11,950' MD				
Re-Entry: 10-31-84	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,698'		Tubing Depth 11,769'				
Elevations (DF, RKB, RT, GR, etc.) 3226.7' GR 3245.7' RKB	Perforations 11,884' - 11,900' .29" 17 holes	Depth Casing Shoe 11,957'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	595'	700 sacks
12-1/4"	9-5/8"	5350' Pulled 1002.77'	1800 sacks
12-1/4"	9-5/8"	Latched onto 9-5/8" stub,	735 sacks
8-3/4"	5-1/2"	11,957' at 1002.77'	1375 sacks

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 See N.M. Form C-122

Actual Prod. Test-MCF/D 3371 CAO F	Length of Test 4 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 2000 psig	Casing Pressure (shut-in) 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.

(Signature)
Production Engineer
(Title)
January 22, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 6 1985, 19 _____
BY _____ Original Signed By
Leslie 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.