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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
Form C-104
Revised Old C-104 and C-111
Effective 1-1-65
GAS 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 ☐
Other (Please explain)

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 State V-249 Well No. 1 Pool Name, Including Formation Carlsbad, South Morrow Gas Kind of Lease State, Federal or Fee State Lease No. NM V-249
Location
Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West
Line of Section 36 Township 23S 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)
Fina Supply, Inc. P. O. Box 2159, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company P. O. Box 1384, Jal. New Mexico 88252
If well produces oil or liquids, give location of tanks. Unit M Sec. 36 Twp. 23S Rge. 26E Is gas actually connected? Yes When June 9, 1982

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

V. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
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

VI. 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.) Post. ID-3
Length of Test Tubing Pressure Casing Pressure Choke Size 3-2-84
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF chg. Op.

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

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 McAnney (Signature)
Production Clerk (Title)
January 4, 1984 (Date)
OIL CONSERVATION COMMISSION
APPROVED FEB 27 1984
Original Signed By Leslie A. Clements
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 condition.