NO. OF COPIES RECEIVED		_			
DISTRIBUTION			L CONSERVATION COM	Form C-104	
SANTA FE		REQUE	ST FOR ALLOWABLE	RECEINER Do B-Y-65	
U.S.G.S.			AND RANSPORT OIL AND NATURA		
LAND OFFICE			RANSPORT OIL AND NATURA	SEP 12 1984	
TRANSPORTER OIL					
GAS				O. C. D.	
PROBATION OFFICE	<u>-</u>			ARTESIA, OFFICE	
		······································			
Hamon Oil Company					
Address 611 Petroleum Bu	uild	ing, Midland, Texas 79	701		
Reason(s) for filing (Check pr			Other (Please explain)		
New Well		Change in Transporter of:			
Recompletion		<u>75</u>	y Gas		
Change in Ownership		Casinghead Gas Co			
If change of ownership give and address of previous own					
DESCRIPTION OF WELL	L ANI	D LEASE	ac Formation Kind of L		
Lease Name		Weil No. Pocl Name, Includin	State Fe	deral or Fee Federal NM 19601	
Union 35 Federal Location		1 Dublin Rang	en Atoka		
Unit Letter E	1	780 Feet From The North	Line and <u>660</u> Feet Fr	rom The West	
	-		<u></u>		
Line of Section 3		Yownship 22-S Range	28-Е , ммрм,	Eddy County	
DESIGNATION OF TRAM		RTER OF OIL AND NATURAL		pproved copy of this form is to be sent)	
The Permian Corpo			P. O. Box 3119, Mid		
		Casinghead Gas or Dry Gas X		pproved copy of this form is to be sent)	
Llano, Inc.	-		P. O. Box 1320, Hob	bs, New Mexico 88240	
If well produces oil or liquids give location of tanks.	i e	Unit Sec. Twp. P.ge. E 35 228 28		When 10-11-84 Approximately 9-19-84	
L	and a		E NO 1000, give commingling order number:	Approximatery 7-13-64	
COMPLETION DATA			•	Plug Back Same Resty, Diff. Resty.	
Designate Type of Co	omple	tion - (X)	II New Well Workover Deepen	Plug Back - Same Hesvy, Dill, Resvy,	
Date Spuddod		Date Compl. Ready to Pred.	Total Depth	P.B.T.D.	
11-30-83		7-10-84	12,950'	11,900'	
Elevations (DF, RKB, RT, GF			Top Oil/Gas Pay	Tubing Depth	
3064 GR	1 51	Atoka	<u>11,514'</u> 76'-11,580' w/8 .33" hol	11,436' Depth Casing Shoe	
11,606' - 11,610' w/8	.33"	holes; 11,644 - 11,648 w/8.3	3 holes; 11,657'-61' w/8.33	11,324.53'	
			AND CEMENTING RECORD hol		
HOLE SIZE		CASING & TUBING SIZE	<u>DEPTH SET</u> 452 '	575 SX	
<u>17-1/2''</u> <u>12-1/4''</u>		<u>13-3/8''</u> 9-5/8''	2,729'	1,300 sx	
8-3/4"		7"	11,324'	3 stages w/2100 sx	
		4 1/2 luner	12 9 4 9	325 g.y	
	jest	FOR ALLOWABLE To the st must	be after recovery of total volume of load is depth or be for full 24 hours)	l oil and must be equal to or exceed top allow-	
OIL WELL Date First New OII Run To T	'ank s	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
Length of Test		Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test		Oll-Bbls.	Water-Bbls.	Gas-MCF	
······································		0.100			
GAS WELL See F	orm	C-122 Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
4490 CAOF		4 hours	Trace	-	
Testing Method (pitot, back ;	pr.)	Tubing Pressure (Ehut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure		4,960	Packer	-	
CERTIFICATE OF COM	PLIA	NCE		RVATION COMMISSION	
The state and the share she	1	d regulations of the Oll Conservat	APPROVED OCT	1 5 1984	
I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief,			ven	BY Original-Signed By	
			Leslie	Leslie A. Clements	
•			TITLE Super		
			This form is to be filed	i in compliance with RULE 1104.	
(Signature)			I well this form must be acco	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	
Production Engine			tests taken on the well in s	accordance with NULE 111. n must be filled out completely for allow-	
	(Title)	able on new and recomplete	d wells.	
September 5, 1984		(Data)	Fill out only Sections well name or number, or trans	I. II. III, and VI for changes of owner, sporter, or other such change of condition.	
	1	(Date)			