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OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

Operator Hamon Oil Company	<div>APPROVED BY MAY 01 1984 O. C. D. ARTESIA, OFFICE</div>
Address 611 Petroleum Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box) 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 Forehand Federal 25-Com	Well No. 1	Pool Name, including Formation Carlsbad Morrow South	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 25 Township 23S Range 26E , NMPM, Eddy 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 Bldg., Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 25	Twp. 23S	Rge. 26E	Is gas actually connected? No	When Approx 5-4-84 5-7-84

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-14-84	Date Compl. Ready to Prod. 4-29-84		Total Depth 11,952'		P.B.T.D. 11,945'			
Elevations (DF, R&B, RT, GR, etc.) 3213.8 Gr, 3226.6 KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,412' 11,858'		Tubing Depth 11,800'			
Perforations 11,858 - 11,878					Depth Casing Shoe 11,945'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10-3/4	457.00	425
9-7/8	7-7/8	8,929.81	1475
6-1/2	5-1/2 liner	From 8507.92 to 11,945	625
7-7/8 & 5-1/2	2-3/8 tubing	11,800	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)

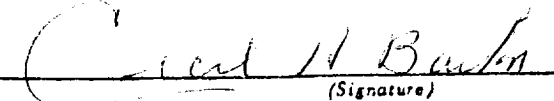
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL Note: C-122 will be filed after 4 Point Back Pressure Test is taken.

Actual Prod. Test - MCF/D 1976	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Orifice Meter	Tubing Pressure (shut-in) 2650	Casing Pressure (shut-in) Packer	Choke Size 1/2

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)
April 30, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1984, 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.