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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator HAMON OPERATING COMPANY	Well API No. 3001524740
Address 8411 PRESTON RD., STE-800, LB#33, DALLAS, TEXAS 75225	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE				
Lease Name FOREHAND FEDERAL 25 COM	Well No. 1	Pool Name, including Formation CARLSBAD ATOKA SOUTH	Kind of Lease FEE State, Federal or Fee	Lease No.
Location Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 25 Township 23S Range 26E , NMPM, EDDY County				

III. 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) DALLAS					
HAMON OPERATING COMPANY		8411 PRESTON RD, STE-800, LB#33 TX 75225				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 25	Twp. 23S	Rge. 26E	Is gas actually connected? YES	When? MARCH, 1994
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. 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 01/14/84	Date Compl. Ready to Prod. 12/07/93	Total Depth 11945'		P.B.T.D. 11490'				
Elevations (DF, RKB, RT, GR, etc.) 3213.8 GR	Name of Producing Formation ATOKA	Top Oil/Gas Pay 11216'		Tubing Depth 11945'				
Perforations 11216 - 11228				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15"	10 3/4"	457.00		425 SX Post ID-2				
9 7/8"	7 5/8"	8929.81		1475 SX 7-9-84				
6 1/4"	4 1/2"	11945.00		625 SX W/O				

V. 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 Tank	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 810	Length of Test 24 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) METER PROVER	Tubing Pressure (Shut-in) 2700 PSI	Casing Pressure (Shut-in) 0	Choke Size 28/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature Steve Flynn	PRODUCTION ENGINEER
Printed Name STEVE FLYNN	Title
Date 02/15/94	Telephone No. (214) 891-0009

OIL CONSERVATION DIVISION	
Date Approved MAY 20 1994	
By SUPERVISOR, DISTRICT II	
Title	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.