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DISTRIBUTIO			
SANTA FE	200		
FILE		1	
U.S.G.S.		<u> </u>	
LAND OFFICE			L
TRANSPORTER	OIL	$ \nu $	
	GAS	1	
OPERATOR		"	1_
TELEVICIENT OF	FICE	1	1

11/17/82

(Date)

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110	
SANTA FE	REQUEST FOR ALLOWABLE AND AND AND AND AND AND AND AN		Effective 1-1-65	
FILE	AUTHORIZATION TO TRANS	PORT OF AND NATURALY	ks .	
U.S.G.5.	AUTHORIZATION TO TRAIS			
LAND OFFICE OIL V	†	NOV 18 19	182	
TRANSPORTER GAS	1	1101 10 15		
L	· ·	O. C. O.	i	
OPERATOR PRORATION OFFICE	·	ARTESIA, OFF	11	
Operator	,	ARTESIA, CAS	3 / 15	
Hondo Oil & Gas Compan	у 🗸			
Address				
P. O. Box 1710, Hobbs,	New Mexico 88240	Toll (Blass synlain)		
Reason(s) for filing (Check proper box	:)	Other (Please explain)		
New We!l	Change in Transporter of:			
Recompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Condensa	te		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE	nation Kind of Leas	Lease No.	
Lease Name	Mouth 1 m	key Track State, Federa	lor Fee State 647	
Turkey Town State	1 Undesignated Tur Morrow No. Gas:	Rey Trues		
Location	TICELOW HOT ORGA	660 Fast From	The South	
Unit Letter N; 19	980 Feet From The West Line	ana 000 Feet 7 10111		
2.2	189 28	-	Eddy County	
Line of Section 23 T	ownship 105 Range 20			
	OF OW AND NATURAL GAS			
DESIGNATION OF TRANSPOL	or Condensate X	Address (Give address to which appro	wed copy of this form is to be sent)	
Name of Authorized Transporter of C	hasing Co	P. O. Box 175. Artesia Address (Give address to which appro	N.M. 88210	
Navajo Crude Oil Purc	Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent;	
	Ashinginous out	P.O. Ortawey 1370 We. Is gas actually connected? WI	66, 1 nº 682 42	
Sanc oliver	Unit Sec. Twp. Fige.	Is gas actually connected? Wi	nen	
If well produces oil or liquids,	- 1 00 100 100E	No. 1/ E 5	SI, WOPL€ 3/58/43	
give location of tanks.				
If this production is commingled	with that from any other lease or pool, g	ive comminging order		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Comple	tion – (X)	Х .		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	10/25/82	11,013'	10,916'	
9/12/82	; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Name of the	10,798'	10,830'	
3503.5' GR	Morrow Gas		Depth Casing Shoe	
Perforations 10 200 10 81	6-10 830'		11,006'	
10,798-10,808', 10,81	TUBING, CASING, AND	CEMENTING RECORD	ALONG CENEUT	
101 5 5175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	20" OD	30'	4 yds Redi-mix	
17½"	13-3/8" OD	397 '	500 sx	
	8-5/8" OD	2797'	1500 sx	
11" 7-7/8"	5½" OD	11006'	2200 sx	
7-778	TOP ATTOWARTE (Test must be a)	fter recovery of total volume of load o	il and must be equal to or exceed top allo	
v. TEST DATA AND REQUEST	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas		
OIL WELL Date First New Oil Run To Tanks		Producing Method (Fibe, pamp, see	13,0, 1100,	
Date 1 max			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
		5515	Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		
80,000				
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	\	57.30	
2672	4 pt Tubing Pressure (Shut-in)	10.48 Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	1	Pkr.	Various	
Back pr.	2159#	OIL CONSED	VATION COMMISSION	
VI. CERTIFICATE OF COMPL	IANCE			
		MAR 2 81	983, 19	
I hereby certify that the rules	and regulations of the Oil Conservation	- 11		
I hereby certify that the rules and regulations of the Chi Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Leslie A. Clements		
above is true and complete to	O THE DEST OF MY HOUSE BY THE			
		TITLE		
-71110	\forall	This form is to be filed	in compliance with RULE 1104.	
160. 11 11 /	avrence	If this is a request for a	llowable for a newly drilled or deepe	
1 attant 1 to	(Signature)	well, this form must be account	cordance with RULE 111.	
	. 	Attachtions of this form	mast pe ittied out combinies in an	
DRLG ENG	(Title)	able on new and recompleted	i 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.