

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico
(Place)

5-18-60
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Hondo Oil & Gas Company
(Company or Operator)

Federal 'T'
(Lease)

Well No. 2, in S.E. 1/4, N.E. 1/4,

H, Sec. 29, T. 18-S, R. 27-E, NMPM, East Dayton Pool

Eddy

County. Date Spudded. 5-9-60

Date Drilling Completed 5-11-60

Please indicate location:

Elevation 3385 Total Depth 1641 PBD 1641

Top Oil/Gas Pay 1570 Name of Prod. Form. Premier

PRODUCING INTERVAL -

Perforations 1573 - 1577 and 1581 - 1591 2 per ft. bullets

Open Hole Depth Casing Shoe 1625 Depth Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 82 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 8/64"

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand)

Treated formation w/ 15,000# 20/60 sand and 21,000 gal. oil

Casing Tubing Date first new Press. 210 Press. 95 oil run to tanks 5-17-60

Oil Transporter Cactus, Inc.

Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: MAY 23 1960, 19

Hondo Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)
(Signature)

By: W. A. Gressett

Title: Dist. Prod. Supt.

Send Communications regarding well to:

Title:

Name: A. J. Deans

Box 125, Artesia, New Mexico

REPARATION COMMISSION
ATLANTA DISTRICT OFFICE

Mr. [Name] [Address]

[City, State, Zip]

[Phone Number]

[Date]

[Subject]

[Reference]

[Signature]

[Title]

[Organization]

[Address]

[City, State, Zip]

[Phone Number]

[Date]

[Subject]