

Submit 5 Copies  
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

RECEIVED

APR 10 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

I.

Operator <u>Hondo Oil &amp; Gas Company</u>	Well API No.
Address <u>P. O. Box 2208, Roswell, NM 88202</u>	
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

Unitization No. 14-08-001-11572

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>East Shugart Unit</u>	Well No. <u>31</u>	Pool Name, Including Formation <u>Shugart Yates, 7R, Qn, Grbg.</u>	Kind of Lease <u>State, Federal</u>	Lease No. <u>NM-10192</u>
Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>19S</u> Range <u>31E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1528, Hobbs, NM 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penrock, Odessa, TX 79762</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>35</u>	Twp. <u>18S</u>	Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u>	When? <u>4/6/89</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded <u>2/6/41</u>	Date Compl. Ready to Prod. <u>3/28/89</u>	Total Depth <u>4361'</u>	P.B.T.D. <u>4003'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3614' DF</u>	Name of Producing Formation <u>Queen</u>	Top Oil/Gas Pay <u>3314'</u>	Tubing Depth <u>3926'</u>					
Perforations <u>3314-3530', 3584-3864'</u>		Depth Casing Shoe <u>4361'</u>						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8"	948'	50 sx.
	7"	2429'	100 sx.
6 1/4"	4 1/2"	4361'	200 sx. BJ Lite + 450 sx.
	2 3/8"	3926'	Class C

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 <u>4/2/89</u>	Date of Test <u>4/7/89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>30</u>	Water - Bbls. <u>100</u>	Gas- MCF <u>20</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Ron Brown  
Signature  
Ron Brown Engineer  
Printed Name  
4/7/89 Date  
505/625-8760 Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 17 1989

By Original Signed By  
Mike Williams

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.