

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tom Schneider		CASINGHEAD GAS MUST NOT FLARED AFTER 8/14/79	
Address 505 N. Big Spring, Midland, Texas 79701 Route 2 Box 562 Eagle Pass, Texas 78852		UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Well Tem Abd 1972 have now put back on production	
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hondo-State	Well No. 1	Pool Name, including Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. E-10130
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 31 To Township 7 South Range 33 East , NMPM, Roosevelt 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"/> The Permian Corporation Permian (EN. 9/1/67)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 31
	Twp. 7-S	Rge. 33-E
	Is gas actually connected? No	
	When 30 Days	

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded Re 6-11-79	Date Compl. Ready to Prod. Re. 6-12-79	Total Depth 4443'		P.B.T.D. 4429'					
Elevations (DF, RKB, RT, GR, etc.) 4424 Gr.	Name of Producing Formation San Andres	Top Oil/Gas Pay 4234'		Tubing Depth 4387'					
Perforations 4234, 4272, 4283, 4287, 4299, 4308, 4315, 4322, 4327, 4333'				Depth Casing Shoe 4441'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/2 7 7/8"	CASING & TUBING SIZE 8 5/8 24# J-55 4 1/2 9.5# J-55 2 3/8"		DEPTH SET 3336' 4441' 4387'		SACKS CEMENT 200 300				

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 Tanks 6/14/79	Date of Test 6/13/79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 20 hours	Tubing Pressure 0	Casing Pressure 20#	Choke Size 3/4" Open
Actual Prod. During Test XX 42	Oil - Bbls. 14	Water - Bbls. 28	Gas - MCF 10

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. 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)
Operator & Partner
(Title)
June 25, 1979
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 29 1979**, 19

BY **Jerry Sexton**
Dist. 1. Sup

TITLE _____
This form is to be filed in compliance with RULE 110.
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.
Separate Form C-104 must be filed for each pool in multiple completed wells.