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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
C. C.
JAN 24 10 17 AM '66

I. Operator **TOM SCHNEIDER**

Address **201 V&J TOWER BLDG., MIDLAND, TEXAS**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

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 **CHAUVEROO-SAN ANDRES** Kind of Lease **STATE**

Location Unit Letter **A** ; **660** Feet From The **North** Line and **660** Feet From The **EAST**

Line of Section **31** , Township **7 South** Range **33 East** , NMPM, **ROOSEVELT** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) **MIDLAND, TEXAS**

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit **A** Sec. **7** Twp. **7S** Rge. **33E** Is gas actually connected? **NO** When

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-1-66	1-18-66		4443		4429			
MAX Elevations	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4424 GL 4435 KB	SAN ANDRES		4234		4387			
Perforations	Is gas actually connected?				When			
4234;4272;4283;4287;4299;4308;4315;4322;4327;4333	NO							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 3/4"	8-5/8 24# J-55		3336		200			
7-7/8"	4-1/2 9.5# J-55		4441		300			
4-1/2 (Casing)	2-3/8		4387					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

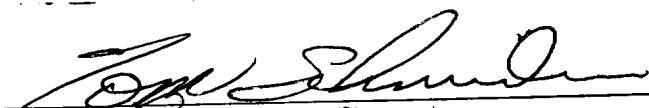
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-17-66	1-18-66	Swab	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	0	350	3/4" (OPEN)
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
60	60	65	12

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
PETRIK
(Title)
1/20/66
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

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 Sections I, II, III, and VI only 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.