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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION 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-105
Effective 1-1-65

Flint Oil & Gas, Inc.
Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casingshead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE **E-10130**
Lease Name **Hondo State** Well No. **1** Pool Name, including Formation **Chaveroe San Andres** Kind of Lease **State** Name of Lessee **Above**
Location
Unit Letter **B** : **660** Feet From The **North** Line and **1980** Feet From The **East**
Line of Section **31** Township **7 S** Range **33 E** , N.M.P.M. **Roosevelt** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Oil Corporation (Trucks) Address (Give address to which approved copy of this form is to be sent)
D. C. Kennedy, P. O. Box 900, Dallas, TX 75221
Name of Authorized Transporter of Casingshead Gas ☐ or Dry Gas ☐
None - TSTM 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 **B** Sec. **31** Twp. **7 S** Rge. **33 E** Is gas actually connected? **No** When

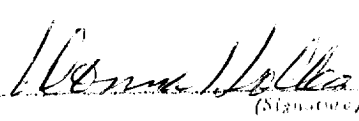
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.S.T.D.
Elevations (DF, RNB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Taking Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Ran To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing Method (puck, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.

Agent
June 16, 1978
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUN 17 1978, 19
BY Orig. Signed by
Jerry Sexton
TITLE Dist 1, Supv.
This form is to be filed in compliance with RULE 1102.
If this is a request for allowables for a newly drilled or deepened well, this form must be accompanied by a statement of the results of tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowables to be computed and reported to the well.
Fill out only portions I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.