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

I. Operator
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 ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
PLAIED AFTER 6/8/78
UNLESS AN EXCEPTION TO R-1079
IS OBTAINED.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

E-10130

Lease Name Hondo State	Well No. 1	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee State	Lease No. Above
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 31 Township 7S Range 33E , 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"/> Mobil Oil Corp. by trucks	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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. 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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 3/5/78	Date Compl. Ready to Prod. 4/8/78		Total Depth 4459		P.B.T.D. 4444			
Elevations (DE, RKB, RT, GR, etc.) 4449.5 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4233		Tubing Depth 4433			
Perforations 4233 - 4417					Depth Casing Shoe 4459			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2 2 3/8		DEPTH SET 1834 4459 4433		SACKS CEMENT 800			

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 4/8/78	Date of Test 4/24/78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 102 bbls fluid	Oil-Bbls. 44	Water-Bbls. 58	Gas-MCF TSTM

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Norma Walker
(Signature)
Agent
(Title)
4/26/78
(Date)

OIL CONSERVATION COMMISSION
APR 27 1978
APPROVED
BY John W. Runyan
TITLE Geologic

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 deviated 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple-completed wells.