Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III			San	ta Fe, New M	lexico 8750	04-2088					
1000 Rio Brazos Rd., A	ztec, NM 87410		_	R ALLOWA							
I.		T	OTRA	NSPORT OI	L AND NA	TURAL GA					
Operator I	Hondo Oil &	& Gas Co	mpany			Well API No.					
Address	P. O. Box 2	2208. Ro	swell.	New Mexic	co 88202	2					
Reason(s) for Filing (Ci						et (Please expla	• '			<del></del>	
New Well				Transporter of:	ī	Request	<i>しい</i> illowabl	e to mov	e test		
Recompletion Change in Operator		Oil Casinghead	_	Dry Gas  Condensate	(	oil prior	to P&A	· 4	ext		
If change of operator given and address of previous											
II. DESCRIPTIO	-	AND LEA	SE								
Lease Name			Pool Name, Include Denton	1 00-0			of Lease No. Federal or Fee )				
Location	W. T. Mann	<u>D</u>	7 ]	Denton 1	Devonian	***************************************				<del></del>	
Unit Letter _	J	- :	1980	Feet From The	South Lin	e and2310	) Fe	et From The	East	Line	
Section	36 Township	o	14S	Range 37E	, N	мрм,		L	ea	County	
III. DESIGNATIO	ON OF TRAN	SPORTE	R OF OI	L AND NATU	RAL GAS						
Name of Authorized Tr Koch Oil (	□X)	or Condens	ate		Address (Give address to which approved copy of this form is to be P. O. Box 1558, Breckenridge, TX 76				nu) 24		
Name of Authorized Tr	ansporter of Casing	ghead Gas		or Dry Gas []	Address (Giv	e address to wh	ich approved	copy of this for	m is to be ser	<i>u)</i>	
If well produces oil or I give location of tanks.	iquids,	Unit J	<b>sec.</b>   '	Twp.   Rge. 148   37E	is gas actuali	y connected?	When	?			
If this production is com		from any othe	r lease or p	ool, give comming	ling order num	ber:					
IV. COMPLETIC	)N DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	lame Res'v	Diff Res'v	
Designate Type	of Completion -		İ	_i	İ	L	L	1.00 2.00			
Date Spudded	Date Compl	. Ready to	Prod.	Total Depth	Total Depth			P.B.T.D.			
Elevations (DF, RKB, R	Name of Pro	oducing For	mation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations		L			Level			Depth Casing Shoe			
	CASING AND	SING AND CEMENTING RECORD				<del></del>					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							·····				
V. TEST DATA									- 6.11 24 h aum	· 1	
OIL WELL (7) Date First New Oil Run	Date of Test		toaa ou ana mus		be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Prog			Casing Pressure			Choke Size				
_		Tubing Pressure						O MCF			
Actual Prod. During Test		Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MC	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	R CERTIFIC	ATE OF	COMPI	LIANCE				ATION		. h. l	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
Karla Le Venne											
Signature Karla Lei	Teune 1	Producti			∥ By_	11.975			2 (2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

09/25/90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.

Tille (505)625-6745