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, Antenia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

J.	10 IRA	ANSPORTOIL	AND NAT	FURAL GA						
Operator Hondo Oil & Gas Company						PI No. 100250530900				
Address P. O. Box 2208, Roswell, New Mexico 88202-2208										
Reason(s) for Filing (Check proper box)			X Othe	r (Please expla	in)					
New Well	Change in	Transporter of:		•	*	•				
Recompletion	Request authority to sell 326 bbls									
The state of 1 December 1001										
L	Casinghead Gas	Condensate					<u> </u>			
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.										
Denton SWD	1 Denton		(Devonian & WC)		XXXX.	Man Bold Moor Fee		A36 110.		
Location Unit Letter D : 660 Feet From The West Line and 660. Feet From The North Line										
Out tetter	- ·			and	Fe	et From The		Line		
Section 13 Township	p 15S	Range 37	E , NM	ирм,		Le	a	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)								•		
Koch Oil Compa	any		P 0.	Box 155	8, Brec	kenridge,	TX 7	6024		
Name of Authorized Transporter of Casing	thead 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 Sec.		Is gas actually connected? When?							
give location of tanks. 13 15 37 No If this production is commingled with that from any other lease or pool, give commingling order number:										
IV. COMPLETION DATA			ing creet tratito					•		
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas Pay			Tubing Depth					
Perforations			l li			Denth Casing S	Depth Casing Shoe			
						Depar Caring o				
	TUBING,	CASING AND	CEMENTIN	IG RECOR	D .					
HOLE SIZE	CASING & TI	UBING SIZE		DEPTH SET		SAG	CKS CEME	INT		
				· · · · · · · · · · · · · · · · · · ·						
						1				
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			1			l				
V. TEST DATA AND REQUES	T FOR ALLOW	ARLE	1	 		L	····			
			he amed to an			. danch an ha Can	6.11 24 Laur	1		
Date First New Oil Run To Tank	ecovery of total volume	oj ioaa ou ana musi					WI 24 hour	5.)		
Date First New Oil Rule 10 1star	Date of Test		Producing Met	inos (riow, pw	rup, gas iyi, e	<i>(c.)</i>		ŀ		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
Actual Prod. During Test Oil - Bbls.		Water - Bbis.			Gas- MCF					
Vertical Lion During Leaf	Oil - Bbls.	Water + Bois.			5.6 -17101					
GAS WELL	A		·				•			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size					
VI ODED ATOR CERTIFIC	ATE OF COLT	N TANCE				L				
VI. OPERATOR CERTIFICA				MI CON	SEDVA	ATION D	MISIO	ı.N.I		
I hereby certify that the rules and regula		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.					4	JAN 1	. 7 '92			
Date Approved										
Karla 4		a - Qianes								
Signature Signature										
Karla LeJeune Regu	By		Paul							
Printed Name	Title_									
01/14/92 (505 Date	5)625-6745	-h N1-								
Jac .	Icle	phone No.]							

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.

RECEIVED

JAN 16 1992

Cess Hoebs Office