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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

_						LE AND A							
[.		TOTRA	NSP	OR	T OIL	AND NAT	UHAL GA		PI No.				
Operator Hondo Oil & Gas	Compa	nv						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Hondo Oil & Gas	Compa	y											
Post Office Box	2208,	Roswe	11,	New	/ Mex		02-2208						
Reason(s) for Filing (Check proper box)							(Please explo	ain)					
New Well		Change in	•		of:	Re	quest a	uthority	to sell	436.36	Bbls		
Recompletion \square	Oil Casinghea		Dry Ga			sk	im oil ·	- April,	1990				
Change in Operator f change of operator give name	Casingne	10 Oas	COLIGE	1 BALLE	<u> </u>								
and address of previous operator											 ,		
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name Well No. Pool Name, Include						Ctata			of Lease Lease No. Federal of Fee)				
Denton SWD	1	<u> </u>	Der	iton	(Devonian & WC)			, ,					
Location					_	T-7		.660 =	. F Th	Nort	h 1:		
Unit LetterD	- :	660	Feet F	rom '	The	West Line	and	660 Fe	et From The	MOTO	.hLine		
Section 13 Township	, 1	15 S	Range		37	E , NM	IPM,]	Lea	County		
					· ·								
III. DESIGNATION OF TRAN	SPORTE			1 D	UTAP	RAL GAS			-Calin Gara	- /- 4- h	-41		
Name of Authorized Transporter of Oil X or Condensate					3	i				copy of this form is to be sent) nridge, TX 76024			
Koch Oil Company	head Con	nead Gas or Dry Gas							enridge, TX 76024 copy of this form is to be sent)				
Name of Authorized Transporter of Casing	inead Gas	لـــا	or Diy	Gas	لـــا	Address (Office	address to w	пист арргоней	copy of mes join		-,		
If well produces oil or liquids,	13 15 37				Rge.				n ?				
give location of tanks.													
If this production is commingled with that f	from any ot	her lease or	pool, gi	ve co	ommingl	ing order numb	er:						
IV. COMPLETION DATA					*** **	1	377 - 1	<u> </u>	Plug Back S	ama Bas'y	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well	\	Gas	Well	New Well	Workover	Deepen	Piug Back S 	aine Kes A	I Kesv		
Date Spudded		pl. Ready to	o Prod.			Total Depth		.L.,	P.B.T.D.		<u> </u>		
Date Spaces													
Elevations (DF, RKB, RT, GR, etc.)	Producing F	ng Formation			Top Oil/Gas Pay			Tubing Depth					
Perforations									Depth Casing	Shoe			
		TIDDIC	CASI	NIC	ANTO	CEMENITIN	IC DECOR	<u> </u>					
1101 E 817E	·	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE												
	TO FOR	ATT OTT	ADIE	,					<u> </u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after n	or for	ALLUW	ABLE	oil a	and march	he equal to or	exceed ton all	owable for thi	s depth or be for	full 24 hour	rs.)		
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Date of T		oj ioda	011 0	7764 776631	Producing Me	thod (Flow, p	ump, gas lift,	uc.)				
Date I like 1600 Oil 1602 10 1-	3	•••											
Length of Test	Tubing Pressure				Casing Pressure			Choke Size					
									Con MCE				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF					
						<u> </u>			<u> </u>				
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate				
The state of the s	Tubing P	ressure (Shu	t_in)			Casing Pressu	re (Shut-in)		Choke Size				
Testing Method (pitot, back pr.)	Tuoing 1	ressure (one	 ,				(
VI. OPERATOR CERTIFIC	ATEO	E COM	PI IA	NC	F	1							
I hereby certify that the rules and regul					~		OIL CO	NSERV	ATION D				
Division have been complied with and	that the infe	ormation giv		ve .					MAY 1	6 199	U		
is true and complete to the best of my l	knowledge	and belief.				Date	Approve	ed	iāi∐! →				
TOMON Z	0/	Var	ne	,									
Signature Signature	<u>> </u>	jen				∥ By_		ORIGINAL .	WAIRA				
Karla LeJeune Production Clerk						DISTRICT I SUPERVISOR							
Printed Name 05/14/90	(505)	625-6	Title 745			Title			· Jurai	VISOR			

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

Date

- 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.

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.