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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
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ī			SPORT OIL							
Operator	<u> </u>	O I HANS	SPORT OIL	AND NA	IUNALG		API No.			
Hondo Oil & Gas	c Company					''•				
Address	s Company									
Post Office Bo	~ 2200 B	ocwo11	Now Movie	20 8830	2-2208					
Reason(s) for Filing (Check proper box		osweii,	Mem Hexto		et (Please exp	lain)				
New Well		Change in Tra	neporter of		•		to sell	200 43 F	nh1c	
Recompletion	Oil		y Gas	_		_		200.43 1	פדמי	
Change in Operator	Casinghead	,	ndensate	SKI	m oil -	ocroper	, 1909			
f change of operator give name	Castiglicau	Cas C	ildensate							
nd address of previous operator										
. DECORDERAN OF THE	* 4815 * 54	CE								
II. DESCRIPTION OF WEL			1 5 5 7 1 1 1	- F		V:- 4	of Lease		No	
Lease Name Denton S		Well No. Pool Name, Including 1 Denton (E			C4.			1	Lease No.	
					a WC)		State, Federal or Fee		<u> </u>	
Location										
Unit LetterD	;	660 Fe	et From The	West Lin	e and66	50F	eet From The _	North	Line	
12 -	150	_	275					T 0.0	_	
Section 13 Town	ship 15S	Ra	nge 37E	, N	MPM,			Lea	County	
71	. Nanon men			D. 1. 0.0						
III. DESIGNATION OF TRA		OF OIL or Condensate			a add-ss- t-	hick care	I came of this fo	rm is to be see	mt)	
Name of Authorized Transporter of Oi	Address (Give address to which approved copy of this form is to be sent)									
· · · · · · · · · · · · · · · · · · ·	Koch Oil Company				P.O. Box 1558, Breckenridge, TX 76024  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Ca	singhead Gas	or	Dry Gas	Address (Gin	e address to w	vnich approved	t copy of this fo	rm is to be sei	u)	
			<u> </u>	ļ <u></u>					<del> </del>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tv		Is gas actual	y connected?	When	1?			
		13	<u>15 37</u>	N C						
f this production is commingled with the	nat from any other	er lease or poo	i, give commingl	ing order num	ber:					
V. COMPLETION DATA										
B : . B : (G 1)	an.	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		<u> </u>	<u> </u>				<u> </u>	L	<u></u>	
Date Spudded	Date Comp	l. Ready to Pro	od.	Total Depth			P.B.T.D.			
				- AU 2						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	ation	Top Oil/Gas	Pay		Tubing Dept	h		
Perforations							Depth Casing	g Shoe		
TUBING, CASING AND				CEMENT	NG RECO	RD				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQU	EST FOR A	LLOWAB	LE	.1			- 1			
OIL WELL (Test must be aft				be equal to o	r exceed top a	llowable for th	is depth or be f	or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Tes				lethod (Flow, )					
		-								
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size		
Long at the same	Tuomg 110	I doing I lessure			Same and the same					
Actual Prod. During Test	Oil - Bhis	Oil - Bbls.			Water - Bbls.			Gas- MCF		
Total During 100	On Bois.									
							. l <u></u>			
GAS WELL				150-5			10- 1-25	CONT		
Actual Prod. Test - MCF/D	Length of	l'est		Bbls. Conde	nsate/MMCF		Gravity of C	ondensate		
								Chalco Sina		
Testing Method (pitot, back pr.)	ethod (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
				ļ,						
VI. OPERATOR CERTIF	ICATE OF	COMPL	IANCE				–			
I hereby certify that the rules and re				11 '	OIL CO	NSEHV	ATION!	<b>*MARK</b>	38	
Division have been complied with							DEC	A T 19K	JJ	
is true and complete to the best of				11						
11 17	1			Dall	e Approv	<del></del>				
Tanlac	Sellar	1.276	_	_						
Signature	To year			∥ By_	ORI	OINAL SIG	NED BY JEI	SAA CEALL	N	
Karla LeJeune	"Produc	tion Cle					CT   SUPERV			
Printed Name 11/22/89 (	505) 625~		itle	Title	)					
	JUJ   UZJ~		N.							
Date		Telepho	one No.	11						

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.