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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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	OTRA	NSP	ORT OIL	AND NA	TURAL GA					
Operator Hondo Oil & Gas Company						Well API No.					
Address						,					
Post Office Be	ox 2208,	Roswe	11,	New Me					<del></del>		
Reason(s) for Filing (Check proper box)  New Well		Change in [	Transpo	wter of		r (Please expla t author		coll 10	0 20 kki	a aleim	
Recompletion	Oil		Dry Ga			May 1989		serr ro	9.20 DDI	S SKIM	
Change in Operator	Casinghead		Conder		0.1.1	114, 1303					
f change of operator give name nd address of previous operator	·										
•	4310 4 54	an a	· · · · · ·								
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No.   Pool Name, Includin						ne Formation King			of Lease No.		
Denton SWD					0			Federal or Fe	<u>e</u> )		
Location	<b>1</b> -										
Unit LetterD	_ :	660	Feet Fi	rom The	West Lin	and 6	60 F	eet From The	Nor	th_Line	
Section 13 Townshi	ip 15S		Range	37:	E, NI	мрм,		Lea		County	
					DAI CAS						
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens		MATU		e address to wh	iich approved	d copy of this f	orm is to be se	nt)	
Koch Oil Company	XX				Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1558, Breckenridge, TX 76024						
Name of Authorized Transporter of Casinghead Gas or Dry Gas _					Address (Give address to which approved copy of this form is to be sent)						
TC	I Their	S 1	The	l Bas	Is gas actuall		When	. 2			
If well produces oil or liquids, jive location of tanks.	Unit	Sec.	Twp. 15	Rge.	is gas actual		When	1 :			
f this production is commingled with that	from any other	er lease or p	ool, gi	ve commingl	ing order num	ber:	· *				
V. COMPLETION DATA	.,	1				·	1 -		1	- box a	
Designate Type of Completion	- (X)	Oil Well	1 '	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	ig Shoe		
	Т	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D	_1			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
- Language											
							<del></del>	<del></del>			
								<del> </del>			
V. TEST DATA AND REQUE					#- <del></del>						
OIL WELL (Test must be after			of load	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
	Oil - Bbls.							C- MCE	Gas- MCF		
Actual Prod. During Test					Water - Bbls.						
GAS WELL					.1						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of	Condensate		
								G -1 6'	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIA	NCE			10==:		DN 4010		
I hereby certify that the rules and regu						OIL CON	NSERV	AHON	DIVISIO	)N	
Division have been complied with and is true and complete to the best of my	I that the infor	mation give		re		<b>A</b> -	_1	MAY	3019	RQ	
					Date	Approve	.a		~	<u>yy</u>	
Darla Zale	"unc				D.,	ÓR	IGINAL SI	GNED BY	ERRY SEXT	ION	
Signature Karla LeJeune		oducti	on s	ecretar	∭ By_		DIST	ICT I SUPE	RVISOR		
Printed Name			Title		Title	Market State of the State of th	ongan 2				
05/25/89	(!	505) 62									
Date		i ele	phone i	I <b>W</b> O.	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.

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MAY 26 1989

HOBBO OFFICE