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

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator <u>Hondo Drilling Company</u>		Well API No. <u>30-025-31229</u>
Address <u>P.O. Drawer 2516 Midland, TX 79702-2516</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <u>CASINGHEAD GAS MUST NOT BE</u>		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	FLARED AFTER <u>11-1-91</u> UNLESS AN EXCEPTION TO R-407Q IS OBTAINED.
If change of operator give name and address of previous operator _____		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hondo State</u>	Well No. <u>#1</u>	Pool Name, Including Formation <u>North Sanmal-Penn</u>	Kind of Lease State, Federal or Foreign <u>State</u>	Lease No. <u>V-2032</u>
Location Unit Letter <u>0</u> : <u>810</u> Feet From The South Line and <u>1,980</u> Feet From The East Line Section <u>18</u> Township <u>16-S</u> Range <u>33-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>0</u>	Sec. <u>18</u>	Twp. <u>16</u>	Rge. <u>33</u>	Is gas actually connected? <u>No</u>	When? <u>Conoco Natural Gas tested well</u>
If this production is commingled with that from any other lease or pool, give commingling order number: _____						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded <u>5/17/91</u>	Date Compl. Ready to Prod. <u>9/9/91</u>		Total Depth <u>13,735</u>		P.B.T.D. <u>11,530'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4,262' DF</u>	Name of Producing Formation <u>"Seaman" Penn</u>		Top Oil/Gas Pay <u>11,266'</u>		Tubing Depth <u>11,222'</u>			
Perforations <u>11,266' to 11,372'</u>					Depth Casing Shoe <u>13,181'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>449'</u>		<u>500 sacks cement circulated</u>			
<u>11"</u>	<u>8 5/8"</u>		<u>5,985'</u>		<u>3050 sacks cement circulated</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>13,181'</u>		<u>1325 sacks cement</u>			
	<u>2 3/8"</u>		<u>11,222'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank <u>8/17/91</u>	Date of Test <u>9/9/91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>145 lb.</u>	Casing Pressure <u>packer</u>	Choke Size <u>24/64</u>
Actual Prod. During Test <u>190.4 bbl.</u>	Oil - Bbls. <u>182.4 bbl.</u>	Water - Bbls. <u>8. bbl.</u>	Gas - MCF <u>248 MCF</u>

GAS WELL

Actual Prod. Test - MCF/D	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 CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Nathan Outlaw
Signature
Printed Name
9/10/91
Date
(915) 682-9401
Telephone No.

President
Title

OIL CONSERVATION DIVISION

Date Approved _____

By ORIGINAL SIGNED BY JOHN ELATON
DISTRICT SUPERVISOR

Title _____

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
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OAS
HOBBS OFFICE