

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Honeysuckle Exploration Corporation
Address
1610 North J., Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6/13/77
UNLESS AN EXCEPTION TO RULE
IS OBTAINED**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 22	Well No. 1	Pool Name, Including Formation Undesignated - Queens	Kind of Lease State, Federal or Fee	Lease No. L-4253
Location Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East Line of Section 22 Township 18S Range 35E , 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, N. Mex. 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Negotiating contract	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 P	Sec. 22
	Twp. 18S	Rge. 35E
	Is gas actually connected? No When _____	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2/15/77	Date Compl. Ready to Prod. 4/14/77		Total Depth 4960'		P.B.T.D. 4511'			
Elevations (DF, RKB, RT, GR, etc.), 3877 KB	Name of Producing Formation Queens		Top Oil/Gas Pay 4454'		Tubing Depth 4404'			
Perforations 4454' - 4460'					Depth Casing Shoe 4552'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" csg.		420		300			
7 7/8"	4 1/2" csg.		4552		875			
	2 3/8" tbg.		4404					

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 Tanks 4/13/77	Date of Test 4/14/77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 210	Casing Pressure Pkr.	Choke Size 11/64"
Actual Prod. During Test 91.66	Oil - Bbls. 91.66	Water - Bbls. 0	Gas - MCF 56.3

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. CERTIFICATE OF COMPLIANCE

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

Neal A. Taylor
(Signature)
Agent
(Title)
4/14/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 18 1977**, 19_____
BY **John W. Runyan**
Geologist
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL COMMISSIONERS' COMM.