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	GAS	
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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

Operator Hamon Oil Company	
Address 611 Petroleum Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 3/1/85 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico 36 State Com	Well No. 1	Pool Name, including Formation E.K. Bone Springs	Kind of Lease State, Federal or Fee	Lease No. NMV-697
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>36</u> Township <u>18S</u> Range <u>33E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co. of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Maljamar, New Mexico 88264			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 36	Twp. 18S	Rge. 33E
Is gas actually connected?		When		
No		Estimate 2-1-85		

If this production is commingled with that from any other lease or pool, give commingling order number:

III. 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 checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 7-9-84	Date Compl. Ready to Prod. 1-8-85		Total Depth 13,650'		P.B.T.D. 13,110'			
Elevations (DF, RKB, RT, GR, etc.) 3856' K.B.	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9,446'		Tubing Depth 7,556'			
Perforations 9,474' to 9,526'					Depth Casing Shoe 13,627'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		308'		350			
11"	8-5/8"		3,700'		1,525			
7-7/8"	5-1/2"		13,627'		985			

IV. 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 12-18-84	Date of Test 1-18-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 24#	Casing Pressure 24#	Choke Size Open
Actual Prod. During Test	Oil-Bbls. 148	Water-Bbls. 2	Gas-MCF 171

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Cecil H. Benton
(Signature)
Production Engineer
(Title)
January 18, 1985
(Date)

OIL CONSERVATION COMMISSION

JAN 22 1985

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

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NEW MEXICO OIL CONSERVATION COMMIS. 4
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AND
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Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) 1200 Bbls Testing Allowable	

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

I. DESCRIPTION OF WELL AND LEASE

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If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X			X				X
Date Spudded 7-9-84	Date Compl. Ready to Prod. 1-8-85	Total Depth 13,650'		P.B.T.D. 13,110'					
Elevations (DF, RKB, RT, GR, etc.) 3856' K.B.	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9,446'		Tubing Depth 7,556'					
Perforations 9,474' to 9,526'				Depth Casing Shoe 13,627'					
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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 12-18-84	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test Request 1200 barrels testing allowable.	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.

Cecil H Barton
(Signature)
Production Engineer
(Title)
1-17-85
(Date)

OIL CONSERVATION COMMISSION
JAN 17 1985
APPROVED _____, 19____
BY Eddie W. Seay
Oil & Gas Inspector
TITLE _____

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