

NO. OF COPIES RECEIVED				NEW MEXICO OIL CONSERVATION COMMISS.		Form C-104	
DISTRIBUTION				REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
SANTA FE				AND		Effective 1-1-65	
FILE				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.							
LAND OFFICE							
TRANSPORTER		OIL					
		GAS					
OPERATOR							
PRORATION OFFICE							
Operator							
Hamon Oil Company							
Address							
611 Petroleum Building, Midland, Texas 79701							
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well		<input checked="" type="checkbox"/>		Change in Transporter of:		Request 1500 bbls testing allowable	
Recompletion		<input 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"/>	
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.		Pool Name, Including Formation		Kind of Lease	
State LG-2484		1		E.K. Bone Springs		State, Federal or Fee State	
						Lease No.	
						NM LG2484	
Location							
Unit Letter		C		660 Feet From The		North Line and 1980 Feet From The	
						West	
Line of Section		36		Township		18S	
				Range		33E	
						, NMPM,	
						Lea County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Koch Oil Co. of Texas, Inc.				P. O. Box 1558, Breckenridge, Texas 76024			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Conoco, Inc.				P. O. Box 90, Maljamar, New Mexico 88264			
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.	
		B		36		18S	
						33E	
						Is gas actually connected?	
						Yes	
						When	
If this production is commingled with that from any other lease or pool, give commingling order number:							
COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well		Gas Well		New Well	
		X				X	
						Workover	
						Deepen	
						Plug Back	
						Same Res'tv.	
						Diff. Res'tv.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
1-28-85		4-13-85		9,950'		9,883'	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
3847.2' K. B.		Bone Springs		9,448'		9,407'	
Perforations						Depth Casing Shoe	
9,460' to 9,494' and 9,758' to 9,778'						9,942'	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
17-1/2"		13-3/8"		305'		400	
11"		8-5/8"		3,701'		1,525	
7-7/8"		5-1/2"		9,942'		800	
5-1/2" casing		2-3/8" tubing		9,407'		None	
TEST DATA AND REQUEST FOR ALLOWABLE (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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
4-1-85				Hydraulic Jet Pump			
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test		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				OIL CONSERVATION COMMISSION			
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.				APR 18 1985			
				APPROVED _____, 19____			
				BY <u>Eddie W. Seay</u>			
				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.			
(Signature)							
Petroleum Engineer							
(Title)							
April 17, 1985							
(Date)							

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O.C.  
HOMES & LOTS