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Submit 5 Copies Appropriate District Office DISTRICT 1	State of M Energy, Minerals and Na	New Mexico itural Resources Department	Form C-104 Revised 1-1-89	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088		See Instructions at Bottom of Page	
DISTRICT III Santa Fe, New Mexico 87504-2083				
I. TO TRANSPORT OIL AND NATURAL CAS				
Well API No.				
Address				
1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102 Reason(s) for Filing (Check proper box) Description Other, Piease explain)				
Recompletion	$D_{\rm Hy}$			
change of operator give name				
and address of previous operator Hondo Oil & Gas Co., P. C. Box 2208, Roswell, NM 88202				
U. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Poct Name, Including Formation Kind of Lease Lease No				
Mescalero Ridge Unit	26 7 Pearl Q		Lease Lease No. Late, Federal or Fee NM055194452	
Unit Letter M	: 990 Fax Emer D. S	outh		
Fred From The West Line				
			Lea County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
NONE - WIW	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Authorized Transporter of Casing NONE	ghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp. Rgc.		Then 7	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA				
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
Perforations			Tubing Depth	
Depth Casing Shoe				
HOLE SIZE	TUBING, CASING AND			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
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				
Date First New Oil Run To Tank	Date of Test	be equal to or exceed top allowable for Producing Method (Flow, pump, gas l	this depth or be for fuil 24 hours.)	
Length of Test	Tubing Pressure			
-		Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
GAS WELL	L			
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	
			Clore 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.		OIL CONSERVATION DIVISION		
All Darley and belief.		Date Approved		
Signature J. M. Duckworth		Ву	a Signed by	
Printed Name	Operations Manager Title	By Paul Kautz Title Geologist		
U/30/92 Date	405/235-3611 Telephone No.	Title	Acologies.	
	Lelephone No.			

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.