Į	NO. DF COPIES RECEIVED	~			
	CUSTRIBUTION	NEW MEXICO OIL CO		Form C-104	
	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- FILE AND Effective 1-1-65				
	U.S.G. S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE				
	TRANSPORTER GAS				
	OPERATOR				
1.	PRORATION OFFICE				
	Hamon Oil Company and Gulf Oil Corporation				
	Address				
	611 Petroleum Building, Midland, Texas 79701				
	Reason(s) for filing (Check proper box)	eason(s) for filing (Check proper box) wwwell Other (Please explain)			
	Recompletion	Oll Dry Ga			
	Change in Ownership X	Casinghead Gas 🗌 Conden			
:	If change of ownership give name Ch	lange operator name from	Take I. Hamon and Gulf O	il Corporation to	
l	f change of ownership give name Change operator name from Jake L. Hamon and Gulf Oil Corporation to nd address of previous owner Change operator name from Jake L. Hamon and Gulf Oil Corporation to Hamon Oil Company and Gulf Oil Corporation				
П.	ESCRIPTION OF WELL AND LEASE .ease Name Well No.; Pool Name, Including Formation Kind of Lease Lease Lio.				
	Fannye M. Holloway	3 Knowles Devon		or Fee Fee	
	Location				
	Unit Letter G; 1980) Feet From The North Lin	e and Feet From 7	TheEast	
1	Line of Section 13 Tow	mship 17S Range	38Е , ммрм,	Lea County	
;					
III.	DESIGNATION OF TRANSPORT		S Address (Give address to which approv	ed copy of this form is to be sent)	
•	The Permian Corporation	n	P. O. Box 1183, Houston	· · ·	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			red copy of this form is to be sent)	
-	Phillips Petroleum Com	pany Unit Sec. Twp. Age.	4001 Penbrook, Odessa, Is gas actually connected?		
, 1	If well produces oil or liquids, give location of tanks.	B 13 17S 38E	Yes	November 1963	
:	If this production is commingled wit	*	give commingling order number:		
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res/V. Diil. Res/V.				
ļ	Designate Type of Completio			I I I I I I I I I I I I I I I I I I I	
1	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
				roomy bepin	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
1					
v.	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 allow able for this depth or be for full 24 hours)				
	OII. WELL able 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.)				
1	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Ebis.	Water - Bbls.	Gas-MCF	
:	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressue (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ניז	CERTIFICATE OF COMPLIAN	05	OIL CONSERVA		
+ 1.	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.		OIL CONSERVATION COMMISSION APPROVED MAR 1.5 1984		
			TITLE		
	R Mer.		This form is to be filed in compliance with RULE 1104.		
	Detty " Sinney		If this is a request for allowable for a newly drilled or despensively, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.		
	(Signature)				
	Production Clerk (Tule)		All sections of this form must be filled out completely for allow		
	January 4, 1984		sble on new and iccompleted wells. Fill out only Sections I. II. III, and VI for changes of owner		
	(Dute)		well name or number, or transporter, or other such than e of condition		

MAR 1 3 1984 hubbs OFFICE