Submit 5 Copies
Appropriate District Office
DISTRICT
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICI II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWARLE AND AUTHORIZATION

OOO KIO BIRDS Ra., AMEC, INVI. 61410	HEQUEST									
• Operator	TOTA	TO TRANSPORT OIL AI				ND NATUHAL GAS Well API No.				
Hondo Oil & Gas Com	ıpanv									
Address	.pairy									
P. O. Box 2208, Ros		202			(D)	.:				
Reason(s) for Filing (Check proper box)		!- T		[_] Oth	er (Please expla	iin)				
New Well		ID ITAL Dry	rsporter of:							
Recompletion \square	Oil Lá Casinghead Gas									
Change in Operator	Casingnead Gas [пенкаю							
nd address of previous operator										
I. DESCRIPTION OF WELL	L AND LEASE									
Lease Name		Well No. Pool Name, Includi						Lease No.		
Jackson 5	1	1 Scharb Bo			one Springs			Kokini Kok Fee		
Location					100	0		Most		
Unit LetterF	:2180	Fee	et From The No	orth Lin	e and	Fe	et From The.	west	Line	
0 d = T. T.	a.i. 100	n -	nge 35E	NΓ	A 4 DA 4	Le	a		County	
Section 5 Towns	ship 19S	Rai	nge JJL	1.IN	мрм,				County	
III. DESIGNATION OF TRA	ANSPORTER OF	OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil				Address (Giv	e address to w				nt)	
Koch Oil				P. O. Box 1558, Breckenridge, TX 76024						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natl. Gas GPM Gas Corporation				Is gas actually connected? When						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tw		-	y connected?	When	<i>1</i> 7/11/84			
f this production is commingled with the	F 5		OS 35E	Yes	har:		7/11/04			
V. COMPLETION DATA	at from any other lease	огреха	, give continuity	ing Order num	·				······································	
	loii w	'eli	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)		i	i	ĺ	i i	ĺ	İ	i	
Date Spudded	Date Compl. Ready	to Pro	sd.	Total Depth		•	P.B.T.D.			
			-:	75. 75.77.5	B					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Lomis	tion	Top Oil/Gas	ray		Tubing Dep	th		
l'erforations				l			Depth Casin	ng Shoe		
	TUBIN	G, CA	SING AND	CEMENTI	NG RECOR	.D				
HOLE SIZE	CASING &	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							 			
				ļ						
V. TEST DATA AND REQU	EST FOR ALLOY	VĀR	LE.							
	er recovery of total volu			be equal to o	r exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				lethod (Flow, p					
			~ · · · · · · · · · · · · · · · · · · ·				· 1			
Length of Test	Tubing Pressure			Casing Press	ure		Choke Size			
				Water - Bhis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			*** a C D D D D D D D D D			out moi		
				L						
GAS WELL Actual Prod. Test - MCF/D	117455 AFT-5			Table Conda	nsate/MMCF		Gravity of	Condensate		
Meiust Front Test - MCLAIA	Length of Test			Dois. Conde	aromite/141141CaT		Siavily of	Condendate		
Festing Method (pitot, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
rearried thereof each bed	, ,	ĺ			•					
VI, OPERATOR CERTIF	ICATE OF CON	4PLI	ANCE	1						
Thereby certify that the rules and re					OIL COI	4SERV	ATION	DIVISIO	31/2	
Division have been complied with a	and that the information	given a					DEC	0 4 19	ชช	
is true and complete to the best of it		r.			e Approve					
Sesa Lola	1 1 AM									
Signature Signature				∥ By_				BY JERRY		
Lisa Bohannon	Engineerir					ים	IS I KICT I S	UPERVISO	K	
Printed Name	(505)625-6		ile	Title)					
12/1/89 Date			one No.	1						
17316		, crebut	/110 1 T/.	H						

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