

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

API# 30-025-29306

Form C-104  
Revised 10-01-78  
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Page 1

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Hamon Operating Company

Address 3900 Republic Bank Bldg., 325 N. St. Paul, Dallas, Texas 75201-3902

Reason(s) for filing (Check proper box):

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> 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

Shares 80 acres with well #2-f

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Davis Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>South Knowles Devonian</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NMO 975</u>
Location				
Unit Letter <u>1</u> : <u>2130</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>17-S</u> Range <u>38-E</u> , NMPM, <u>Lee</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Amoco Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>201 Main St., Ste. 500, Ft. Worth, Tx, 78102</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co. 66 Natl. Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Tx, 79762</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>13</u>
	Twp. <u>17S</u>	Rge. <u>38E</u>
	Is gas actually connected? <u>Yes</u>	
	When <u>Existing Connection</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Bulgar (B.W. Cozart)

(Signature)

Dist. Op. Supt.

(Title)

March 6, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 16 1987, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Jan. 1, 1987	Feb. 28, 1987		12,143			12,089			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3690 KB 3676 GR	Devonian		12,058			12,005			
Perforations						Depth Casing Shoe			
12,058'-60' - 12,063' - 67'						12,143'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
19 1/2		13 3/8		306		315			
12 1/2		8 3/4		4998		2525			
7 1/2		5 1/2		12,143		1530			

#### 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 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.)	
2-25-87	2-28-87	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	50 #	20 #	32/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
433 bbls.	433	0	231

#### 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

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