Submit 5 Copies
Appropriate District Office
DISTRICT I
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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.						TURAL G					
Operator									IPI No.		
Address	Hondo Oil & Gas Company					30025				31 -	
P. O. Box 2208, Roswell, NM 88202											
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well Change in Transporter of:											
Recompletion											
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA		,	·	···						
Lease Name Smith Ranch "11	1" Fed. Well No. Pool Name, Included Teas Bon							f Lease Lease No. Federal ox Kox NM-13280		25 No. 13280	
Unit Letter L : 2310 Feet From The South Line and 900 Feet From The Line											
Section 11 Township 20S Range 33E , NMPM, County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Phillips Trucks 4001 Penbrook, Odessa, TX 79762 Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas Address (Give address to which approved capy of this form is to be sent)											
Phillips 66 Nat'l Gas Company					Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762						
If well produces oil or liquids, give location of tanks.	L	Sec. 11	Twp. 20S	Rge. 33E	Is gas actuall Yes	-	When	11/16	/91		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations					L	Depth Casing Shoe					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI						
note size	CASING & TUBING SIZE					DEPTH SET	*	SACKS CEMENT			
·											
V. TEST DATA AND REQUEST FOR ALLOWABLE											
OIL WELL (Test must be after re				oil and must					for full 24 how	rs.)	
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 of Test Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Press.	ire	· • · · · · · · · · · · · · · · · · ·	Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
CACWELL					<u></u>		 				
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls Conden	COLO MANACE		i canto acc	Gravity of Condensate		
					Bbis. Condensate/MMCF			Oravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	IIAN	CF				l			
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					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
Signature Signature					Byaat x						
Karla LeJeune Regulatory Clerk Printed Name Title					Title						
11/18/91 Date	(505)6	25 - 674 Telep	45 ohone No	o.	i ine						
					LL						

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.