

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I.

Operator <b>Hondo Drilling Company</b>	
Address <b>P. O. Box 116, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Casinghead Gas Must Not Be Released After Unless An Exception To R-4070 Is Obtained.)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gulf "NW" State</b>	Well No. <b>No. 1</b>	Pool Name, Including Formation <b>Undesignated</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>K-2952</b>
Location Unit Letter <b>M</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>6</b> Township <b>24S</b> Range <b>33E</b> , NMPM, <b>Lea</b> 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"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>6</b>	Twp. <b>24S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>No.</b>	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>12-5-72</b>	Date Compl. Ready to Prod. <b>January 2, 1973</b>	Total Depth <b>5160 ft.</b>	P.B.T.D. <b>5130 ft.</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3590 ft. GR</b>	Name of Producing Formation <b>Delaware</b>	Top Oil/Gas Pay <b>5010 ft.</b>	Tubing Depth <b>5007 ft.</b>					
Perforations <b>5020 ft. to 5025 ft. 2 shots per ft. - .41"</b>			Depth Casing Shoe <b>5158 ft.</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>10-3/4" - 32.75 lb.</b>		<b>400 ft.</b>		<b>375 sacks</b>			
<b>7-7/8"</b>	<b>4-1/2" - 9.50 lb.</b>		<b>5158 ft.</b>		<b>200 sacks</b>			
	<b>2-3/8" - J-55</b>		<b>5007 ft.</b>					

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 Tanks <b>January 2, 1973</b>	Date of Test <b>January 14, 1973</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>20 lb.</b>	Casing Pressure <b>150 lb.</b>	Choke Size <b>3/4"</b>
Actual Prod. During Test <b>129 bbls.</b>	Oil - Bbls. <b>97</b>	Water - Bbls. <b>32</b>	Gas - MCF <b>28.4</b>

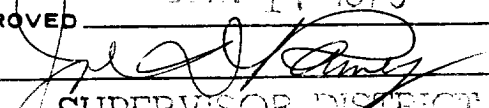
GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
**President**  
(Title)  
**January 15, 1973**  
(Date)

OIL CONSERVATION COMMISSION <b>JAN 17 1973</b>	
APPROVED	19
BY	
TITLE	<b>SUPERVISOR DISTRICT I</b>
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.	