

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

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

I. Operator
Hondo Drilling Company

Address
P. O. Box 116, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain): **REPLACEMENT OF LEASE NO. 332 TO 11-4070**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newman Federal	Well No. No. 1	Pool Name, Including Formation Triple "X" Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. 0371175
Location Unit Letter P 330 Feet From The South Line and 330 Feet From The East Line of Section 1 Township 24 South Range 32 East N.M.P.M. Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 1509 W. Wall, P. O. Box 3119, Midland, Tex.	
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 P	Sec. 1
	Twp. 24	Rge. 32
	Is gas actually connected? No	

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) X	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Same Res'ty. <input type="checkbox"/> Diff. Res'ty. <input type="checkbox"/>
Date Spudded April 14, 1973	Date Compl. Ready to Prod. May 4, 1973	Total Depth 5025 ft.	P.B.T.D. 5017 ft.
Elevations (DF, RKB, RT, GR, etc.) 3581 ft. GR	Name of Producing Formation Delaware Sand	Top Oil/Gas Pay 4981' to 5002'	Tubing Depth 4917 ft.
Perforations 4986 ft. to 5000 ft. 28 shots 4" Hyper II .41 holes			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 11" 7-7/8"	CASING & TUBING SIZE 8-5/8" Casing 5-1/2" Casing 2-3/8" Tubing	DEPTH SET 405 ft. 5,025 ft. 4,917 ft.	SACKS CEMENT 200 200

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 May 7, 1973	Date of Test May 17, 1973	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 160 lb.	Casing Pressure 1220 lb.	Choke Size 16/64"
Actual Prod. During Test 158.50 bbls.	Oil - Bbls. 127.50 bbls.	Water - Bbls. 31 bbls.	Gas - MCF 55

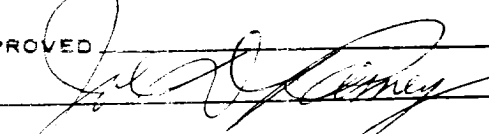
GAS WELL

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

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)
May 18, 1973
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY 
TITLE _____

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.