

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| 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**  
 Operator: HNG Oil Company  
 Address: P. O. Box 767, 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 specify): NO NATURAL GAS MUST NOT BE PRODUCED AFTER 2/13/72  
AN EXCEPTION TO R-4070 IS OBTAINED.

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<br><u>Vance "30"</u>  | Well No.<br><u>1</u> | Pool Name, Including Formation<br><u>Dollarhide/Devonian</u> | Kind of Lease<br>State, Federal or Fee <u>Fee</u> | Lease No.<br>_____ |
| Location:<br>Unit Letter <u>N</u> <u>430</u> Feet From The <u>South</u> Line and <u>2210</u> Feet From The <u>West</u><br>Line of Section <u>30</u> Township <u>24-S</u> Range <u>38-E</u> NMPM, <u>Lea</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"/><br><u>The Permian Corporation</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 1183, Houston, Texas 77001</u> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>None</u>            | Address (Give address to which approved copy of this form is to be sent)<br>_____                                       |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually collected? When   |
| <u>N 30 24-S 38-E</u>  | <u>No</u>   |

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 <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded<br><u>1-28-72</u>                         | Date Compl. Ready to Prod.<br><u>3-13-72</u>   | Total Depth<br><u>7,830'</u>      | P.B.T.D.<br>-                                |                                   |                                 |                                    |                                      |                                       |
| Elevations (DF, RKB, RT, GR, etc.)<br><u>3102' GR.</u> | Name of Producing Formation<br><u>Devonian</u> | Top Oil/Gas Pay<br><u>7718'</u>   | Tubing Depth<br><u>7507'</u>                 |                                   |                                 |                                    |                                      |                                       |
| Perforations<br><u>7718'-20'; 7752'-56'; 7812'-16'</u> |  |                                   | Depth Casing Shoe<br>- -                     |                                   |                                 |                                    |                                      |                                       |
| <b>TUBING, CASING, AND CEMENTING RECORD</b>            |  |                                   |  |                                   |                                 |                                    |                                      |                                       |
| HOLE SIZE  | CASING & TUBING SIZE                           | DEPTH SET                         | SACKS CEMENT                                 |                                   |                                 |                                    |                                      |                                       |
| <u>17 1/2"</u>   | <u>13 3/8"</u>                                 | <u>595'</u>                       | <u>750 sx.</u>                               |                                   |                                 |                                    |                                      |                                       |
| <u>12 1/4"</u>   | <u>9 5/8"</u>                                  | <u>3830'</u>                      | <u>1450 sx.</u>                              |                                   |                                 |                                    |                                      |                                       |
| <u>8 3/4"</u>  | <u>5 1/2"</u>                                  | <u>7830'</u>                      | <u>900 sx.</u>                               |                                   |                                 |                                    |                                      |                                       |

**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<br><u>3-13-72</u> | Date of Test<br><u>3-14-72</u>    | Producing Method (Flow, pump, gas lift, etc.)<br><u>Flowing</u> |                            |
| Length of Test<br><u>24</u>                       | Tubing Pressure<br><u>400 psi</u> | Casing Pressure<br><u>0</u>                                     | Choke Size<br><u>14/64</u> |
| Actual Prod. During Test<br><u>200 Bbls.</u>      | Oil-Bbls.<br><u>200 Bbls.</u>     | Water-Bbls.<br><u>Tr.</u>                                       | Gas-MCF<br><u>240</u>      |

**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.

George R. McBride  
 (George R. McBride)  
 Admin. Ass't. to Dist. Supt.  
 (Title)  
3-17-72  
 (Date)

OIL CONSERVATION COMMISSION

**MAR 20 1972**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY John Runyan  
 TITLE Geologist

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.