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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
Superseding Old C-104 and C-110
Effective 1-1-65

I.

Operator HNG Oil Company	
Address P.O. Box 2267 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name ShoeBar Ranch Unit 3	Well No. 1	Pool Name, including Formation Shoe Bar Shoe Bar Atoka Gas	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 3 Township 17-S Range 35-E, NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation	Box 1183, Houston, TX 77001			
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)			
Natural Gas Pipeline, Co. of America	122 S. Michigan Ave. Chicago, IL 60606			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 3	Twp. 17S	Rge. 35E
	is gas actually connected?		When	
	yes		9-6-78	

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'tv.	Diff. Res'tv.
		X				X		X
Date Spudded PB 11-10-78	Date Compl. Ready to Prod. 11-21-78	Total Depth 13,060	P.B.T.D. 12,560					
Elevations (DF, RKB, RT, GR, etc.) 3968.4' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,458'	Tubing Depth 2-7/8' @ 11,039					
Perforations 12,458' to 12,474' (.36" 8)	Depth Casing Shoe 13,060							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	416'	450					
12-1/4"	9-5/8"	5008'	2000					
8-1/2"	5-1/2"	11,020'	200					
8-1/2"	4-1/2"	13,060'	700					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2222	Length of Test 24 hours	Bbls. Condensate/MMCF 37.8	Gravity of Condensate 51.0
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 423.2	Casing Pressure (shut-in) PBR @ 11,020	Choke Size 13/64

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.

Betty A. Gildon
(Signature)

Regulatory Clerk
(Title)

May 16, 1979
(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.