

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator
HNG OIL COMPANY

Address
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

THIS FORM MUST NOT BE
USED IN CONNECTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Moore 34 Com.	Well No. 1	Pool Name, Including Formation Pitchfork Ranch Wolfcamp	Kind of Lease State, Federal or Fee	Fee -	Lease No. -
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>34</u> Township <u>24S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County					

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) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, Texas 77002
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	G 34 24S 34E No

If this production is commingled with that from any other lease or pool, give commingling order number:

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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 2-13-84	Date Compl. Ready to Prod. 9-17-84	Total Depth 15,376'	P.B.T.D. 14,365'					
Elevations (DF, RKB, RT, GR, etc.) 3401.6' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 13,490'	Tubing Depth 1-1/2" at 13,209'					
Perforations 13,490' to 13,500'	Depth Casing Shoe 13,540'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	11-3/4"	615	250 HLC & 165 C1 C
10-5/8"	8-5/8"	5233	1350 HLW & 8 bbl C1 C thru 1"
7-7/8"	5-1/2"	13540	760 TLW & 450 C1 H
4-3/4"	3-1/2" Liner	15370 TOL: 13209	250 C1 H

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)

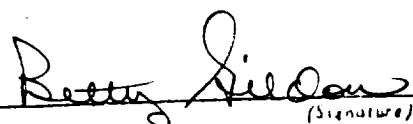
Date First New Oil Run To Tanks 9-17-84	Date of Test 9-18-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 1300	Casing Pressure Sealed	Choke Size 14/64"
Actual Prod. During Test	Oil-Bbls. 168	Water-Bbls. 0	Gas-MCF 462

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Betty Gildon

Regulatory Analyst

September 20, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 27 1984, 19

BY REGULATORY ANALYST

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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.