

RECEIVED

JUN 9 1980

O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hillin Production Company ✓

P.O. Box 152, Odessa, Texas 79760

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)

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name DWU	Well No. 4	Pool Name, Including Formation Winchester - Morrow	Kind of Lease State, Federal or Fee	Lease No. NM0473362
Location Unit Letter <u>0</u> : <u>800</u> Feet From The <u>south</u> Line and <u>2000'</u> Feet From The <u>east</u>				
Line of Section <u>34</u> Township <u>19-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>34</u>
	Twp. <u>19</u>	Rge. <u>28</u>
	Is gas actually connected? <u>Yes</u> When <u>6-10-80</u> <u>6-6-80</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: No

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>2-15-80</u>	Date Compl. Ready to Prod. <u>5-16-80</u>		Total Depth <u>11,220</u>		P.B.T.D. <u>11,185</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3298.0 GR</u>	Name of Producing Formation <u>Winchester-Morrow</u>		Top Oil/Gas Pay <u>Morrow - 11,006</u>		Tubing Depth <u>10,960</u>			
Perforations <u>11,006-11,026</u>	<u>Morrow 11,006-11,026</u>				Depth Casing Shoe <u>11,220</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>358'</u>		<u>225</u>			
<u>11 "</u>	<u>8 5/8"</u>		<u>2,982'</u>		<u>250</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>11,220'</u>		<u>750</u>			
	<u>2 3/8"</u>		<u>10,960</u>		<u>Plc 10956</u>			

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 <u>Post 10-2-80</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>Morrow 2,200</u>	Length of Test <u>6 hours</u>	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) <u>Flare to pit</u>	Tubing Pressure (Shut-in) <u>2100</u>	Casing Pressure (Shut-in) <u>Packer</u>	Choke Size <u>3/4" wellhead</u>

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.

R. G. Hillin
(Signature)

Owner/Operator

(Title)

June 5, 1980

(Date)

OIL CONSERVATION DIVISION

JUN 18 1980

APPROVED _____, 19

BY W. A. GussittTITLE SUPERVISOR, DISTRICT II

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.