

NEW MEXICO OIL CONSERVATION COM. ION  
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

SEP 18 1973

O. C. C.  
ARTESIA, OFFICE

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
**Hillin Production Company**  
Address  
**P. O. Box 2889 - Odessa, Texas 79760**  
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)  
If change of ownership give name and address of previous owner 3-1-74

II. DESCRIPTION OF WELL AND LEASE R-4734 Winchester Strawn Gas  
Lease Name **JCW State Com.** Well No. **1** Pool Name, Including Formation **Wildcat Strawn**  
Kind of Lease **State** Lease No. **K5090**  
Location  
Unit Letter **C** : **1980** Feet From The **W** Line and **660** Feet From The **N**  
Line of Section **2** Township **20S** Range **28E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
**Navajo Crude Oil Purchasing Co.** Address (Give address to which approved copy of this form is to be sent)  
**Box 129 - Artesia, New Mexico**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
**El Paso Natural Gas Company** Address (Give address to which approved copy of this form is to be sent)  
**Jal, New Mexico**  
If well produces oil or liquids, give location of tanks. Unit **C** Sec. **2** Twp. **20S** Rge. **28E** Is gas actually connected? **Yes** When **Sept. 17, 1973**

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well ☐ Gas Well ☒ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐  
Date Spudded **02-13-73** Date Compl. Ready to Prod. **9-5-73** Total Depth **11,260** P.B.T.D. **11,125**  
Elevations (DF, RKB, RT, GR, etc.) **DF 3301** Name of Producing Formation **Strawn** Top Oil/Gas Pay **10,078** Tubing Depth **10,994**  
Perforations **10,078 - to 10,099** Depth Casing Shoe **11,260**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**17 1/2** **13 3/8** **326** **225 -4% Gel -2% cl.**  
**11** **8 5/8** **2953** **150 -4% Gel -2% cl.**  
**7 7/8** **5 1/2** **11260** **750 -"H"**

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 DC - R-4650  
Actual Prod. Test-MCF/D **862** Length of Test **4 hrs.** Bbls. Condensate/MMCF **2.209** Gravity of Condensate **55.1**  
Testing Method (pitot, back pr.) **Back Pressure** Tubing Pressure (shut-in) **Hkr** Casing Pressure (shut-in) **2845** Choke Size **Various**

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.  
**B G Hillin**  
Operator (Signature)  
(Title)  
Sept. 17, 1973 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED **NOV 1 1973**  
BY **W. A. Gressett**  
TITLE **OIL AND GAS INSPECTOR**  
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.