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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

RECEIVED

JUN 21 1973

Operator Hillin Production Company	
Address P.O. Box 2889 - Odessa, Texas	
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"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
Other (Please explain) To dispose of 210 bbls. Condensate produced from Morrow perforations while testing same. Perf's. 11,038 - 11,050	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JCW State Com.	Well No. 1	Pool Name, Including Formation Winchester-Morrow - Und.	Kind of Lease State, Federal or Fee State	Lease No. K-5090
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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 2
	Twp. 20S	Rge. 28E
	Is gas actually connected? NO	When About Sept. 1, 1973

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'v.	Diff. Res'v.
		X	X					
Date Spudded 02-13-73	Date Compl. Ready to Prod. 7-1-73	Total Depth 11,260		P.B.T.D. 11,125				
Elevations (DF, RKB, RT, GR, etc.) DF 3301	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,038		Tubing Depth 10,994				
Perforations 11,038 - to - 11,050					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

Actual Prod. Test-MCF/D 13,369 (AOPP)	Length of Test 4 hrs.	Bbls. Condensate/MMCF 14.8	Gravity of Condensate 51.8
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3440	Casing Pressure (shut-in) Pkr.	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. N. Hillin
(Signature)

Operator

(Title)

19 June 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 21 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.