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| LIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| 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

AUG 2 1974

| | |
|--|---|
| Operator Hillin Production Company | |
| Address 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"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |
| If change of ownership give name and address of previous owner | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|---------------------|
| Lease Name JCW State Com | Well No. 2 | Pool Name, Including Formation Winchester - Morrow | Kind of Lease State, Federal or Fee State | Lease No. K-5090 |
| Location | | | | |
| Unit Letter K ; 1980 Feet From The West Line and 1980 Feet From The South | | | | |
| Line of Section 2 Township 20 Range 28 , 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Crude Oil Purchasing Company | P.O. Box 129 - Artesia, New Mexico 88210 |
| 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 Company | P.O. Box 1384 - Jal, New Mexico 88252 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | K 2 20 28 No Yes Immediately 9-12-74 |

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 8-09-73 | Date Compl. Ready to Prod. 7/16/74 | Total Depth 11,235 | | P.B.T.D. 11,225 | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3275 GL | Name of Producing Formation Morrow | Top Oil/Gas Pay 11,215 -25 | | Tubing Depth 11,190 | | | | |
| Perforations 11,215 - 25 | | | Depth Casing Shoe 11,235 | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17 1/2 | 13 3/8 | 346 | 225 |
| 12 1/4 | 8 5/8 | 2941 | 250 |
| 7 7/8 | 5 1/2 | 11,070 | 750 |
| 4 3/4 | 4 | 10,990 - 11,235 | 100 |

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 200 | Length of Test 24 | Bbls. Condensate/MMCF 3.4 | Gravity of Condensate 56 |
| Testing Method (pilot, back pr.) Back pr. | Tubing Pressure (Shut-in) 2400 (150# flow) | Casing Pressure (Shut-in) 2600 (200# flow) | Choke Size 1/4 |

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.

| | |
|--------------|-------------|
| R. G. Hillin | (Signature) |
| Operator | (Title) |
| 8/17/74 | (Date) |

OIL CONSERVATION COMMISSION

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|-----------------------------|----|
| APPROVED SEP 16 1974 | 19 |
| 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 conditions.
Separate Forms C-104 must be filed for each pool in multiply completed wells.