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DISTRIBUTION			
SANITAFE		/	
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-105
Effective 1-1-65

RECEIVED

JUN 23 1977

I. Operator ☒ HNG Oil Company
Address O. C. G.
P.O. Box 2267, Midland, Texas, 79702
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) Rig Fuel.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ogden 8 Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat (_____/Morrow)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>H</u> ; <u>2200</u> Feet From The <u>North</u> Line and <u>945</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>24S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> <u>Basin, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2297, Midland, Texas 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Basin, Inc. HNG Oil Company*</u>	Address (Give address to which approved copy of this form is to be sent) <u>2510 West Front St., Midland, Texas 79701</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>8</u>	Twp. <u>24S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>No Yes</u>	When <u>Unknown 6-27-77</u>

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.
			<input checked="" type="checkbox"/>					
Date Spudded <u>3-12-77</u>	Date Compl. Ready to Prod. <u>6-17-77</u>		Total Depth <u>12,920</u>		P.B.T.D. <u>12,838'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>GR - 3005.5</u>	Name of Producing Formation <u>Morrow</u>		Top Oil/Gas Pay <u>12,216</u>		Tubing Depth <u>TK 56</u> <u>10,193'</u>			
Perforations <u>12,216 to 12,548</u>					Depth Casing Shoe <u>12,920'</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>690'</u>		<u>600sx</u>			
<u>12-1/4"</u>	<u>9-5/8"</u>		<u>2407'</u>		<u>1800 sx</u>			
<u>8-1/2"</u>	<u>7"</u>		<u>10395'</u>		<u>800 sx</u>			
<u>6"</u>	<u>4-1/2"</u>		<u>12920'</u>		<u>350 sx</u>			

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

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GAS WELL

Actual Prod. Test-MCF/D <u>2757</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF <u>NA</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pr.</u>	Tubing Pressure (Shut-in) <u>4221</u>	Casing Pressure (Shut-in) <u>Packer</u>	Choke Size <u>6/64 - 13/64</u>

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.

*Temporarily for rig fuel gas
Quida Roach (Signature)
Production Clerk (Title)
6-21-77 (Date)

OIL CONSERVATION COMMISSION
JUN 28 1977

APPROVED W. A. Gressett 19
BY
TITLE SUPERVISOR, DISTRICT H

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.