

DISTRIBUTION			
ANTA FE		/	
FILE		/	/
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
Superseding Form C-104 and C-110
Effective 1-1-65

SEP 15 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

I. Operator
HNG Oil Company ✓

Address
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)

SEP 16 1977

If change of ownership give name
and address of previous owner

O. C. C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ogden 8 Com Well No. 1 Pool Name, Including Formation Wildcat (Morrow) Kind of Lease State, Federal or Fee Fee Lease No.

Location
Unit Letter H ; 2200 Feet From The North Line and 945 Feet From The East
Line of Section 8 Township 24S Range 28E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Basin, Inc. Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ HNG Oil Company (Rig Fuel) Address (Give address to which approved copy of this form is to be sent) P.O. Box 2267, Midland, Texas 79702

If well produces oil or liquids, give location of tanks. Unit H Sec. 8 Twp. 24S Rge. 28E Is gas actually connected? Yes When 6-27-77

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Ouida Roach
(Signature)

Production Clerk

(Title)

9-14-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 19 1977

BY

W. A. Gressett
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.