GY AND MINEHALS DEPARTMENT	OIL CONSERVAT		Form C-104 Revised 10-1-70 EIVED			
•• •• 10110 • • • • • • • • • • • • • •	P. O. BOX SANTA FC, NEW 1	2008 MEXICO 87501	ú 1982			
V 6.U.1.	REQUEST FOR A					
TAANSPUATER OIL	1.15					
046 1	ANL AUTHORIZATION TO TRANSPO	RT UIL AND NATURAL CHO				
PROMATION OFFICE						
HNG OIL COMPANY						
P. O. Box 2267, Mid Reozon(s) for Hiling (Check proper bo	land, Texas 79702	Other (Please explain)				
New Well						
Recompletion	Casinghead Gas Condensi	ate 🕅				
Change in Ownership		·				
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind of Leas				
Ogden 8 Com.	1 West Malaga At		al or Fee			
Location	north the	and 945 Feet From	Theeast			
Unit Letter H ; 2	200 Feet From The <u>north</u> Line		. County			
Line of Section 8 T	ownship 24S Range 28	<u>ЗЕ , ммрм, Ed</u> d	uy			
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	S Address (Give address to which appr	oved copy of this form is to be sent)			
None of Authorized Transporter of C The Permian Corpora		P. O. Box 1183, Hous Address (Give address to which appr	$+ \alpha n$ Toyas 77001			
Lane of Authorized Transporter of C	Casinghead Gas 📋 🛛 01 011 0 🖓	Address (Give address to which appr Box 1492, El Paso, T				
El Paso Natural Gas	Unit Sec. Twp. Rge.	Is gas actually connected?	hen			
If well produces off or liquids, give location of tanks.	ц 8 24S 28E	Yes				
If this production is commingled	with that from any other lease or pool,	give commingling order number	Plug Back Same Res'v. Diff. Re			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen				
Designate Type of Comple	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Date Spuddød		Top Oll/Gas Pay	Tubing Depth			
Llevations (DF, RKB, RT, GR, etc	Jame of Producing Formation		Depth Casing Shoe			
Perforations						
		D CEMENTING RECORD	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTRISET				
·						
			i			
TEST DATA AND REQUEST	T FOR ALLOWABLE (Test must be	after recovery of total volume of load lepth or be for full 24 hours)	oil and must be equal to or exceed top all			
OIT WELL	able for this a	Producing Method (Flow, pump, ga	s lift, etc.)			
Date First New Oll Hun To Tanks		Casing Pressure	Choxe Size			
Length of Test	Tubing Pressure		Gas + MCF			
Actual Pred. During Test	Oll-Bble.	Water-Ebis.				
GAS WELL		Bble. Condenacte/MMCF	Gravity of Condensate			
Actual Frod. Tool - MCF/D	Length of Test		Choke Sixe			
Teeling Method (pilos, back pr.)	Tubing Presewe (Shut-In)	Cosing Pressure (Shut-in)				
		OIL CONSER	VATION DIVISION			
CERTIFICATE OF COMPL		SEP 1	5 1982			
I hereby certify that the rules	and regulations of the Oil Conservatio with and that the information given	APPROVED	Clements			
Division have been complied above is true and complete t	and regulations of the information given with and that the information given to the best of my knowledge and belie	SUPERVISOR,	DISTRICT II			
\bigcap			I L approllance with BULE 1104.			
D X.		if this is a request for	allowable to a tabulation of the devic			
(Signature) Betty Gildon		I well, this form must be acc	If this is a request for allowable for a newly different well, this form must be accompanied by a tabulation of the deviation of the well in accordance with MULK 111. Tests taken on the well in accordance with MULK 111. All sections of this form must be filled out completely for all and the providered wells.			
Regulator	y Analyst	All sections of this for able on new and recomplete	ad wells.			
September	(Tale) 8, 1982	Fill out only Sections	Fill out only Sections 1. It, file other such change of condi-			
Sehrennet	(Dui+)	Separate Forms C-104	must be filed for such pool in mu			

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Separate Forms C-104 must be filed for which p completed wells.

111	STATE OF NEW MEXICO DGY AND MILE BALS DEPARTMENT	OIL CONSERVA P. O. DO	X 208B		Form C-104 Revised 10-1-78 RECEIVED	
	SANTA FE FILE U.S.U.S.	SANTA FE, NEV			JUL 7 1982	
	LAND OFFICE		₹ ALLOWABLE ND			
1.	OAN CONTRATOR	AUTHORIZATION TO TRANSF		RAL G AS	O. C. D. ARTESIA, OFFICE	
	HNG OIL COMPANY					
	P. O. Box 2267, Midla	nd, Texas 79702	Other (Please	(aplain)		
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:				
	Recompletion	Cil Dry Ga				
	Change In Ownership	Casinghead Gas Conder				
	If change of ownership give name and address of previous owner			<u></u>		
• •	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including F	ermation	Kind of Lease		Lease N
	Ogden 8 Com.	1 West Malaga A		State, Federal	or Fee	<u> </u>
	Location					
	Unit Letter; 220	0 Feet From The <u>North</u> Lin	• and945	Feet From T	`h•east	
	Line of Section 8 Tov	mahip 24S Range 28	BE , NMPN	, <u>Ed</u>	dy	Count
1.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Aidiess (Give address	to which approv	ed copy of this form is t	io be senij
	Western Crude, Oil, I		Box 1142, Mid]	and. Texa	s 79702	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X			ed copy of this form is 1 c 70078	to be sentj
	El Paso Natural Gas C	Unit Sec. Twp. Rge.	Box 1492, El F	ed? Whe	en	
	If well produces oil or liquids, give location of tanks.	H 8 24 28	Yes		econnected 7-2-	82
	If this production is commingled with COMPLETION DATA		give commingling orde	r number: Deepen	Plug Back Same He	s'v. Dill. Re:
	Designate Type of Completic		New Well Holkovel	i i	X	X
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	PB 4-14-82	6-26-82	12,920' Top Oil/Gas Pay		11,475' Tubing Depth 7X	93
	Elevations (DF, RKB, RT, CR, etc.) 3005.5' GR	tame of Producing Formation Atoka	11,290'		2-7/8" at 10 Depth Casing Shoe	•
	Perforations	1,297 and 11,379 - 11,393	3		Depth Casing Shoe 12,920'	
	11,290 - 1	TUBING, CASING, AN	D CEMENTING RECOR	۲D		
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS		SACKS CE	MENT
	17-1/2"	<u>13-3/8"</u> 9-5/8"	<u>690'</u> 2407'		600	
	<u>12-1/4"</u> 8-1/2"	7"	10395'		1300	
		4-1/2" Liner	12920' TOL:	10165	<u>i 350</u>	exceed top al
	TEST DATA AND REQUEST F	OR ALLOWABLE, (Test must be a able for this d	epth or be for full 24 hour Producing Method (Flo			
	Date Fitst New Oil Run To Tanks	Date of Test	Producing Method (F10	w, pump, gus 11		
	Length of Test	Tubing Pressure	Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choke Size	
		Oil-Bbls.	Water-Bbls.		Gas+MCF	
	Actual Fred, During Test					
	GAS WELL					
	Actual Frod. Teet-MCF/D	Length of Test 24 hours	Bols. Condensate/All4C	CF	Gravity of Condensat	3
	1000 1 ++11mg kisthud (pisos, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
	Back Pressure	4100	Packer		12/64" TION DIVISION	
:	CERTIFICATE OF COMPLIAN	CE		SEP 1 51	982	
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED SET 10 19				
		a and that the information given a best of my knowledge and belief.	BY Perle		CTDICT II	
	\cap			RVISOR. DI		F 1104
	Berty Sildon	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep in this is a request for allowable for a newly drilled or deep				
	Betty Gildon (Sign	woll, this form mu	woll, this form must be accompanied by a tableter of the woll in accordance with AULE 111.			
	Regulato	ry Analyst	All anglight (of this form m	ust be filled out comp	lutely for al
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	able on new and recompleted were.			
	July 6, 1982	ule)	Fill out only Sections 1, 11, 111, and 41 the hange of condi- well name or number, or transporter, or other such thange of condi- Separate Forms C-104 must be filed for each pool in mut			
			remulated wells.			

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