

DISTRIBUTION	
ANTA FE	
ILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COM. SION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

RECEIVED

SEP 11 1978

Operator  
HNG Oil Company ✓  
Address  
P.O. Box 2267, Midland, Texas 79702

O.C.C.  
ARTESIA, OFFICE

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Woods Com 9	Well No. Pool Name, including Formation 2 Malaga, West (Morrow)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B 990 Feet From The North Line and 1980 Feet From The East Line of Section 9 Township 24S Range 28E NMPM, County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
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	P.O. Box 1492, El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			is gas actually connected? When 8-31-78 9-1-78 Yes Pending Commission approval

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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 4-29-78	Date Compl. Ready to Prod. 7-4-78	Total Depth 12,750	P.B.T.D. 12,694					
Elevations (DF, RKB, RT, GR, etc.) 2997-1 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay	Tubing Depth 10,108					
Perforations 12,450 to 12,554	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8"	666'	450 sx TLW & 200 sx C1C
12-1/2	9-5/8"	2465'	1300 sx TLW & 300 sx C1C
8-1/2	7"	10,248'	800 sx TLW & 500 sx C1C
6-1/8	5"	12,739'	425 sx C1H

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 113	Length of Test 4 hours	Bbls. Condensate/MMCF Dry	Gravity of Condensate -
Testing Method (pilot, back pr.) Positive Choke	Tubing Pressure (Shut-in) 4107	Casing Pressure (Shut-in) Packer	Choke Size 4/64

I. 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.

Betty A. Gildon  
(Signature)  
Regulatory Clerk

9/1/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 12 1978  
BY W. A. Gussert  
TITLE 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.