ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
SEP 10 1982
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
HNG OIL COMPANY

Address
P. O. Box 2267, Midland, Texas 79702

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

Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Woods 9 Com.	2	West Malaga Atoka	State, Federal or Fee Fee	

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, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ — Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation — P. O. Box 1183, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ — Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company — 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
	B	9	24S	28E	Yes	10-4-80

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Betty Gildon
(Signature) Betty Gildon
Regulatory Analyst
(Title)
September 8, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 13 1982, 19 _____

BY Leslie A. Clements

TITLE SUPERVISOR, DISTRICT II

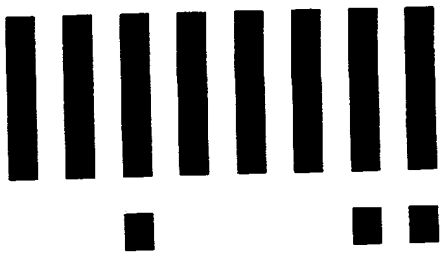
This form is to be filed in compliance with RULE 1104.

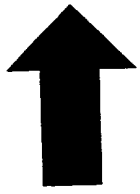
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

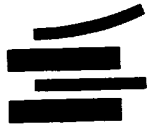
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.





LTR



Job separation sheet

DISTRIBUTION		
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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-
Effective 1-1-65

RECEIVED
FEB 09 1981
O. C. D.
ARTESIA, OFFICE

I.

Operator: HNG Oil Company

Address: P.O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Ownership ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain): To designate condensate Transporter.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Woods 9 Com.	2	West Malaga Atoka	State, Federal or Fee Fee	-

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, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Western Crude Oil, Inc.	P.O. Box 1142, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	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
	B	9	24S	28E	Yes	10-4-80

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 Resv.	Diff. Resv.
		X						

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

(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)

OIL WELL

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 (pitot, 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.

Betty A. Gildon
(Signature)

Regulatory Clerk
(Title)

2-6-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 10 1981, 19__

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

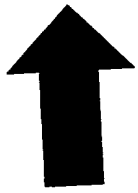
This form is to be filed in compliance with RULE 1104.

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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply



LTR

Job separation sheet

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Form C-105
Revised 11-1-76

RECEIVED
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O. C. D.
ARTESIA, OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease: State [ ] Fee [X]

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name: Woods 9 Com.

9. Well No.: 2

10. Field and Pool, or Wildcat: West Malaga Atoka

1a. TYPE OF WELL: OIL WELL [ ] GAS WELL [X] DRY [ ] OTHER

b. TYPE OF COMPLETION: NEW WELL [ ] WORK OVER [ ] DEEPEN [ ] PLUG BACK [X] DIFF. RESVR. [X] OTHER

2. Name of Operator: HNG Oil Company

3. Address of Operator: P.O. Box 2267, Midland, Texas 79702

4. Location of Well: UNIT LETTER B LOCATED 990 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 9 TWP. 24S RGE. 28E NMPM

12. County: Eddy

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
PB 10-2-80	10-2-80	12-20-80	2997' GR	2997'

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
12,750'	11,603'		→		

24. Producing Interval(s), of this completion — Top, Bottom, Name: 11,278' - 11,379' (Morrow)

25. Was Directional Survey Made: No

26. Type Electric and Other Logs Run: None

27. Was Well Cored: No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	48#	666'	17-1/2"	450 TLW & 200 C1C	Circ.
9-5/8"	36#	2465'	12-1/4"	1300 TLW & 300 C1C	Circ.
7"	23#	10248'	8-1/8"	800 TLW & 500 C1C	-

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
4-1/2"	10,109'	12,739'	425	-

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2-7/8"	10,165'	PBR 10,109

31. Perforation Record (Interval, size and number): 11,278' - 11,379' (10.39")

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
11,278-11,379'	6000 gals Morrow flow BC acid.
12,450-12,554	sq. w/100 sx C1H press tested to 1600 psi

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)
10-4-80	Flowing	SI

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio
10-5-80	24	12/64"		0	2300	6	0

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
3400	-					-

34. Disposition of Gas (Sold, used for fuel, vented, etc.): Sold

Test Witnessed By

35. List of Attachments: Form C-122

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Betty A. Gildon TITLE Regulatory Clerk DATE 2-2-81

Betty A. Gildon

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than [illegible] days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. In multiple completions, items 35 and 36 shall be reported for each zone. This form is to be filed in quintuplicate except in the case of wells drilled on State or Federal land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico				Northwestern New Mexico			
T. Anhy	907	T. Canyon		T. Ojo Alamo		T. Penn. "B"	
T. Salt		T. Strawn	11275	T. Kirtland-Fruitland		T. Penn. "C"	
B. Salt		T. Atoka	11520	T. Pictured Cliffs		T. Penn. "D"	
T. Yates		T. Miss		T. Cliff House		T. Leadville	
T. 7 Rivers		T. Devonian		T. Menefee		T. Madison	
T. Queen		T. Silurian		T. Point Lookout		T. Elbert	
T. Grayburg		T. Montoya		T. Mancos		T. McCracken	
T. San Andres		T. Simpson		T. Gallup		T. Ignacio Qtzte	
T. Glorieta		T. McKee		Base Greenhorn		T. Granite	
T. Paddock		T. Ellenburger		T. Dakota		T.	
T. Blinebry		T. Gr. Wash		T. Morrison		T.	
T. Tubb		T. Granite		T. Todilto		T.	
T. Drinkard		T. Delaware Sand	2530	T. Entrada		T.	
T. Abo		T. Bone Springs	6160	T. Wingate		T.	
T. Wolfcamp	9343	T.		T. Chinle		T.	
T. Penn.		T.		T. Permian		T.	
T. Cisco (Bough C)		T.		T. Penn. "A"		T.	

OIL OR GAS SANDS OR ZONES

No. 1, from 11,278 to 11,379 No. 4, from ..... to .....

No. 2, from ..... to ..... No. 5, from ..... to .....

No. 3, from ..... to ..... No. 6, from ..... to .....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from None to ..... feet. .....

No. 2, from ..... to ..... feet. .....

No. 3, from ..... to ..... feet. .....

No. 4, from ..... to ..... feet. .....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
2530	6160	3630	Delaware				
6160	9343	3283	Bone Springs				
9343	11275	1932	Wolfcamp				
11275	11520	245	Strawn				
11520	12040	520	Atoka				