

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

MAR 29 1982

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator HNG OIL COMPANY ✓	
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Kelly 5 Com.	Well No. 1	Pool Name, Including Formation Und. North Loving Atoka	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>5</u> Township <u>23S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 1320, Hobbs, N. M 88240					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 5	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When 3-16-82

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 11-16-81	Date Compl. Ready to Prod. 2-16-82	Total Depth 12,620	P.B.T.D. 12,581					
Elevations (DF, RKB, RT, GR, etc.) 3021.3' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 11,122'	Tubing Depth <u>TX-88</u> 2-3/8" at 10,683'					
Perforations 11,122' - 11,358'	Depth Casing Shoe 10,956'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-12"	13-3/8"	400'	500 HLC, 200 C1 C
12-1/4"	9-5/8"	2610'	1300 HLW, 400 C1 C
8-1/2"	7"	10956'	650 TLW, 525 C1 H
6-1/8"	4-1/2" Liner	12620' TOL: 10681'	375 C1 H

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)

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

*Quoted ID-2
Comp PERM LI
4-2-82*

GAS WELL

Actual Prod. Test-MCF/D 3400	Length of Test 24 hours	Bbls. Condensate/MMCF 5.9	Gravity of Condensate 40.0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3200	Casing Pressure (shut-in) -	Choke Size 11/64"

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)
Regulatory Analyst
(Title)
March 26, 1982
(Date)

OIL CONSERVATION DIVISION

MAR 29 1982

APPROVED _____, 19__

BY W. A. Gressett
SUPERVISOR, DISTRICT 4

TITLE _____

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.