

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

SEP 22 1982

REQUEST FOR ALLOWABLE  
AND  
ARTESIA OFFICE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

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

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

## DESCRIPTION OF WELL AND LEASE

Lease Name Faulk 32 Com.	Well No. 1	Pool Name, Including Formation Und. Dublin Morrow Ranch	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location				
Unit Letter <u>I</u> : <u>1940</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u>				
Line of Section <u>32</u> Township <u>22S</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"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	P. O. Drawer 1320, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 32	Twp. 22S	Rge. 28E	Is gas actually connected? <u>No</u>	When <u>0-7-82</u>

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 6-23-82	Date Compl. Ready to Prod. 8-23-82	Total Depth 12,584'	P.B.T.D. 12,524'					
Elevations (DF, RAB, RT, GR, etc.) 3033.3' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 12,063'	Tubing Depth <u>12,063'</u> 2-3/8" at 10,705'					
Perforations 12,063' - 12,497'			Depth Casing Shoe <u>12,582</u>					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	474'	500HLW & 200 C1 C
12-1/4"	9-5/8"	2465'	1350 HLW & 400 C1 C
8-1/2"	7"	10950'	625 TLW & 525 C1 H
6-1/8"	4-1/2" Liner	12582' TOL: 10705'	350 C1 H

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)

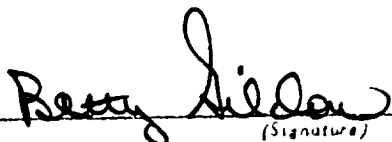
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 840	Length of Test 24 hours	Bbls. Condensate/MMCF .0012	Gravity of Condensate 36.0
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 800	Casing Pressure (Shut-in) sealed	Choke Size 32/64"

## 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

Regulatory Analyst

September 20, 1982

## OIL CONSERVATION DIVISION

APPROVED OCT 14 1982, 19

BY \_\_\_\_\_ Original Signed 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 deviator 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 recompleted wells.