

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
FEB 20 1984
O. C. D.
ARTESIA, OFFICE

Operator
Hillin Production Company ✓Address
P.O. Box 152, Odessa, Texas 79760

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER <u>3-22-84</u>
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION FROM
	THE B. L. M. IS OBTAINED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Cities Federal "5" <i>Field</i>	Well No. #1	Pool Name, including Formation Indiantown Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 13984
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u>				
Line of Section <u>5</u> Township <u>23-S</u> Range <u>26-E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co.	P.O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 5	Twp. 23-S	Rge. 26-E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'y. <input type="checkbox"/>	Diff. Res'y. <input type="checkbox"/>
Date Spudded 11-3-83	Date Compl. Ready to Prod. 2-3-84	Total Depth 5068'	P.B.T.D. 4973'					
Elevations (DF, RAB, RT, GR, etc.) Gr. 3351.9'	Name of Producing Formation Delaware	Top Oil/Gas Pay 3830' 4866'	Tubing Depth 4870.8'					
Perforations 4866'-4939'	Depth Casing Shoe 5040'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	423'	600 sx. Class c
12 1/4"	9 5/8"	1633'	590 sx. HOWCO lite & Class C
7 7/8"	5 1/2"	5040'	250 sx. Class C 50/50 poz
Casing	2 3/8	4870.8'	

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 2-9-84	Date of Test 2-9-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	Post <i>FA-24</i>
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure 50#	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 26	Water-Bbls. 142	Gas-MCF 74

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

P. N. Hillin
(Signature)
Hillin Production Co.-Owner2-14-84
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 21 1984, 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.