

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501
NOV 1 1985
O.C.D.
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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Target 23 State	Well No. 1	Pool Name, including Formation Und. E. Black River /Atoka/	Kind of Lease State, Federal or Fee	State	Lease No. LG 6797
Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>west</u> Line of Section <u>23</u> Township <u>24S</u> Range <u>27E</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 type="checkbox"/> None	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"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 1320, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When Yes 10/30/85

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 11/14/84	Date Compl. Ready to Prod. 1/16/85		Total Depth 12,700'		P.B.T.D. 11,640'			
Elevations (DF, RKB, RT, GR, etc.) 3212.5' GR	Name of Producing Formation ATOKA		Top Oil/Gas Pay 11,488'		Tubing Depth 2-3/8" at 10,207'			
Perforations 11,488 - 11,502' and 11,354' - 11,360'					Depth Casing Shoe 10,500'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	590'	670
12-1/4"	9-5/8"	2290'	1600
8-1/2"	7"	10500'	1325
6-1/8"	5-1/2" Liner	11711' TOL: 102011'	185

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 1800	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 5900	Casing Pressure (Shut-in) sealed	Choke Size 9/64"

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 Betty Gildon
(Signature)
Regulatory Analyst
(Title)
October 31, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 12 1985, 19
Original Signed By
BY Les 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 multiple completed wells.