

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

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

RECEIVED BY

JAN 24 1986

O.C.D.
ARTESIA, OFFICEP. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
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

1. DESCRIPTION OF WELL AND LEASE

Lease Name Fort 18 Com.	Well No. 1	Pool Name, including Formation Mata Atoka	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>E</u> : 1980 Feet From The <u>north</u> Line and <u>895</u> Feet From The <u>west</u>					
Line of Section <u>18</u> Township <u>24S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County					

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> UPG Falco, A division of UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 20108, Shreveport, Louisiana 71120
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 <u>E</u> Sec. <u>18</u> Twp. <u>24</u> Rge. <u>29</u> Is gas actually connected? <u>No</u> <u>Yes</u> When <u>4-7-86</u>

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

3. 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 3-23-85	Date Compl. Ready to Prod. 9-28-85	Total Depth 13,058	P.B.T.D. 12,995'					
Elevations (DF, RKB, RT, CR, etc.) 2955.8' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,027'	Tubing Depth 2-3/8" at 10,331'					
Perforations 12,027 to 12,038	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	600	350 HLC & 200 C1 H
12-1/4	9-5/8	2610	1200 HLC & 350 C1 C
8-1/2	7	10650	850 HLC & 550 C1 H
6-1/8	4-1/2 Liner	13058 TOL: 10306	250 C1 H

4. 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)

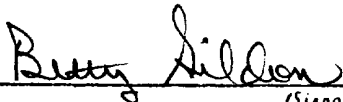
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 945	Length of Test 24 hours	Bbls. Condensate/MCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2980	Casing Pressure (shut-in) Sealed	Choke Size 10/64"

5. 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

(Title)

January 22, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 21 1986, 19
Original Signed By
BY Les A. Clements
TITLE Supervisor District II

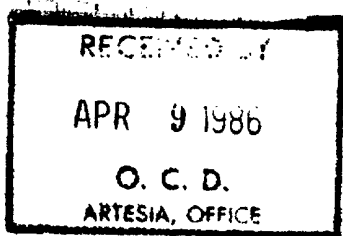
This form is to be filed in compliance with RULE 1104.

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.



NEW MEXICO
OIL CONSERVATION DIVISION
P. O. DRAWER DD
ARTESIA, NEW MEXICO
88210

Date April 8, 1986

NOTICE OF LLANO'S GAS CONNECTION:

OPERATOR: HNG Oil Company ✓
LEASE: Fort "18" Com. Delivery Station
WELL NUMBER AND UNIT: - B
LOCATION: 24-24S-28E
POOL: Delivery Station
DATE WELL CONNECTED: April 7, 1986
DATE OF FIRST GAS SALES: April 7, 1986 10:20 A.M.
LLANO'S STATION NUMBER: 408

LLANO, INC.
TRANSPORTER

Doyle T. Forrester
REPRESENTATIVE

DOYLE T. FORRESTER
Contract Technician

xc: Oil Conservation Division, Box 2088, Santa Fe, New Mexico 87501