

OIL CONSERVATION DIVISION

|                       |  |
|-----------------------|--|
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| SANTA FE              |  |
| FILE                  |  |
| U.S.S.                |  |
| LAND OFFICE           |  |
| TRANSPORTER           |  |
| OIL                   |  |
| GAS                   |  |
| OPERATOR              |  |
| PRODUCTION OFFICE     |  |

RECEIVED BY  
SANTA FE, NEW MEXICO 87501  
JUN 03 1986  
O. C. D.  
ARTESIA, SPICE

P. O. BOX 2000  
REQUEST FOR ALLOWABLE  
AND  
AUTORIZATION 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            | <input checked="" type="checkbox"/> | Change in Transporter of: |                          |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/>            | Casinghead Gas            | <input type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |
|                     |                                     | Condensate                | <input type="checkbox"/> |

Other (Please explain)

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name  
Gulf 5 Federal

Well No.  
1

Pool Name, Including Formation  
Wildcat (Atoka-Penn)

Kind of Lease  
State, Federal or Fee  
Federal

Lease No.  
NM 15302

Location

Unit Letter  
XH

2310 Feet From The north Line and 660 Feet From The east

Line of Section 5 Township 25S Range 29E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

None

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

Hano, Inc. HNG Oil Co.

Address (Give address to which approved copy of this form is to be sent)

P. O. Drawer 3387, Midland, TX 79702

If well produces oil or liquids, give location of tanks.

Unit Sec. Twp. Rge.

Is gas actually connected? When

12-18-86

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

2. COMPLETION DATA

| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
|------------------------------------|----------|----------|----------|----------|--------|-----------|-------------|------------|
|                                    |          | X        | X        |          |        |           |             |            |

Date Spudded  
6-25-85

Date Compl. Ready to Prod.  
5-19-86

Total Depth  
12,650'

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)  
2925.5' GR

Name of Producing Formation  
Atoka-Penn

Top Oil/Gas Pay  
12,420'

Tubing Depth  
2-3/8" @10,184 w/PBR

Perforations  
12,420 to 12,429

Depth Casing Shoe  
10,500'

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET            | SACKS CEMENT |
|-----------|----------------------|----------------------|--------------|
|           | 16"                  | 623'                 | 700 sacks    |
| 14-3/4"   | 10-3/4"              | 2650'                | 1425 sacks   |
| 9-1/2"    | 7-5/8"               | 10500'               | 1150 sacks   |
| 6-1/2"    | 4-1/2" Liner         | 12,650' TOL: 10,184' | 425 sacks    |

3. 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                               |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   |
|                                 |                 | Gas-MCF                                       |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| 1581                             | 24 hours                  | 0                         | -                     |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size            |
| Back Pressure                    | 1240                      | 750                       | 13/64"                |

4. 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)  
May 23, 1986  
(Date)

OIL CONSERVATION DIVISION

JAN 22 1987

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_ Original Signed By  
Leslie A. Clements  
Supervisor District II

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 deviate 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.

