

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator

HNG Oil Company

Address
P. O. Box 767, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain):

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Federal "31"	Well No., Fed. Name, including Formation 7 Dollarhide/Devonian	Kind of Lease State, Federal or Free Federal	Lease No. 069052
Location			
Unit Letter F	1900 Feet From The North Line and 2100 Feet From The West		
Line of Section 31	Township 24-S	Range 38-E	County Lea

III. 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)		
Texas - New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	600 Bldg. of Southwest, Midland, Texas 79701		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 31	Twp. 24-S Rge. 38-E Is gas actually connected? Yes When 7-1-72

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

IV. 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 5-30-72	Date Compl. Ready to Prod. 6-27-72	Total Depth 8002'		P.L.D. 7965'				
Elevations (DF, RKB, RT, GR, etc.) 3093' GR.	Name of Producing Formation Devonian	Top Oil/Gas Pay 7810'		Tubing Depth 7807'		Depth Casing Shoe 8002'		
Perforations 7919-24' & 7822-27' with 6 .720 Go Devil holes								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		629'		750 sacks			
11"	8 5/8"		3850'		1200 sacks			
7 7/8"	5 1/2"		8002'		550 sacks			

V. 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 6-27-72	Date of Test 7-1-72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 75-110 psi	Casing Pressure Packer	Choke Size 20/64
Actual Prod. During Test 120 Bbls.	Oil-Bbls. 118 Bbls.	Water-Bbls. 2 Bbls.	Gas-MCF 122 MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
George R. McBride
Admin. Ass't. to Dist. Supt.
(Title)

July 25, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 9 1972**

BY *(Signature)*

TITLE **DISTRICT I**

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.