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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  
Superseding Old C-104 and C-11  
Effective 1-1-65

I.

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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NM 34 State Com.	Well No. 1	Pool Name, including Formation UND. South Shoe Bar Atoka	Kind of Lease State, Federal or Fee State	Lease No. LG-3728 & L-5464
Location				
Unit Letter F	1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 34	Township 16S	Range 35E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Natural Gas Pipeline Co. of America	122 S. Michigan Ave., Chicago, Illinois 60606					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 16S	Rge. 35E	Is gas actually connected? No	When

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 4-27-79	Date Compl. Ready to Prod. 6-7-79		Total Depth 12,900		P.B.T.D. 12,825			
Elevations (DF, RKB, RT, GR, etc.) 3980' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 12,448		Tubing Depth 11,117			
Perforations 12,448 - 12,502					Depth Casing Shoe 12,912			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		420'		500			
12-1/4"	9-5/8"		4873'		3500			
8-1/2"	4-1/2"		12,912'		825			
	2-7/8"		11,117'					

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	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 1700	Length of Test 24 hours	Bbls. Condensate/MMCF 15 BOPD	Gravity of Condensate 47.1
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 4370	Casing Pressure (shut-in) Packer	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.

Betty A. Gildon  
(Signature)  
Regulatory Clerk

July 3, 1979

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 13 1979**, 19\_\_\_\_\_  
BY John W. Dwyer  
TITLE Geologist

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 Form C-104 must be filed for each well in multiple