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TAANSPURTER OIL		DR ALLOWABLE				
044 07784708 1. FRUATTON DFFICE	AUTHORIZATION TO TRANS	AND SPORT OIL AND NATI	URAL GAS			
HNG OIL COMPANY						
Address P. O. Box 2267, Midland	1. Texas 79702					
Reeson(s) for filing (Check proper bos		Other (Plea	e exploint			
New Vell Recompletion Change in Ownership	Change In Transporter el: Cil Dry C	ion D Effe	ective 2/1	/86		
If change of ownership give name and address of previous owner	Casingheod Gas Condo	ensale [X]		•		
•	1.5.4.5.5					
1. DESCRIPTION OF WELL AND Leves Name	Well No. Pool Name, Including I	Formation	Kind of Lease	······	Leaso N	
San Simon 6 State Com.	1 East Grama Ri	dge Morrow	State, Federa	lor Foo State	LG 893	
	80 Feel From The north Li	ine and660	Feet From 7		G 3609	
Line of Section 6 To	winship 228 Range	35E . NMP	ч,	Lea	Count	
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	•			
Neme of Authorized Transporter of Cl. UPG Falco, A Division of	or Condensate	Address (Give address		red copy of this form is port, Louisian:	-	
Nome of Authorized Transporter of Ca				port, Louisian		
HNG OIL COMPANY	Unit Sec. Twp. Rge.	P. O. Box 2267, Is gas actually connec				
give location of tanks.	Н 6 22.35	Yes		4-28-81		
If this production is commingled wi COMPLETION DATA	ith that from any other lease or pool,		·····	•		
Designate Type of Completi	on – (X) Oil Well Gas Well	New Well Workover	l Deepen l l	Plug Back Same Re. 1 4 1 1	s'v. Dill. Res	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	. <u>1</u>	P.B.T.D.	<u> </u>	
Elovations (DF, RKB, RT, GR, etc.)	"ame of Producing Formation	Top Oil/Gas Pay		Tubing Depth	<u></u>	
Perlorations		<u> </u>		Depth Casing Shoe	<u>.</u>	
·	TUBING, CASING, AN	D CEMENTING RECO	20	l		
HOLESIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEN	AENT	
					······································	
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. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	after recovery of total voli epth or be for full 24 hour	ume of load oil a	and muss be equal to or a	exceed top all	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor		i, elc.)		
Length of Test	Tubing Pressure	Casing Pressure	•	Choze Size		
Actual Frod. During Test	Oil-Bbis.	Water-Bbls.		Gas-MCF		
L]	· .				
GAS WELL				·	` 	
Actual Frod. Test-MCF/D	Longth of Tost	Bbla. Condensate/AMC	F	Gravity of Condensate	1	
Teoling Method (pilot, back pr.)	Tubing Presews (Shut-in)	Caeing Pressure (Shut	-in)	Chois Size	•	
. CERTIFICATE OF COMPLIANC	CE					
I hereby certify that the rules and r	egulations of the Oll Conservation	APPROVED	<u>JAN 2 4</u>	1986	19	
Division have been complied with above is true and complete to the	and that the information given	DY				
·	DYORIGINAL SIGNED BY JERRY SEXTON					
D Lina		This form is to	be filed in c	ompliance with MUL		
Ketty Neldon 151000) Nwey Betty Gildon	well, this form inus	t be accompan	able for a newly drill ded by a tabulation of	of the deviat	
Regulatory Analyst		tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for alle				
1/20/86	(*)	able on new and re	completed we Sections I. II.	lle. III. and VI for the	nxes of own	
(De	10)	well name or numbe	r, or transports	the filed for each p	te of conditi	
		romuleteii welle.		•		

III HEY AND MINI FIALS DEPARTMEN			110 X 2088			Form C- Revised	104 10-1-78
FILE		δλητ α γε, Ν	EW MEXICO (17501			
LAND OFFICE TRANSPURTER OIL		REQUEST	FOR ALLOWABLE				
0 A 8	OHTUA	RIZATION TO TRA	AND				
Creation OFFICE	· · · · · · · · · · · · · · · · · · ·						
Address P. O. Box 2267, Midla	nd, Texas 7	9702	······································				
Reason(s) for filing (Check proper	boxj		Other	(Please explain)		<u> </u>	
New Weil Recomptetion Change in Ownership	Change : Cil Casinghi		Cos	Effective 2	2/1/86		
If change of ownership give name and address of previous owner		1. 1999 - 1999 1999 - 1999 1999 - 1999 - 1999 - 1999 - 1999			•		
DESCRIPTION OF WELL AN							
San Simon 6 State (Com. 1	San Simon Wo		Kind of L State, Fe	ease deral or Fee		LG 893 LG 3609
Unit Letter H : 19	80 Feel Fre	om The <u>north</u> t	ine and 660	Feet Fr	om The <u>ea</u>		
Line of Section 6	Township 22	S Range	35E	, NMPM,		Lea	Coun
DESIGNATION OF TRANSPO	RTER OF OIL						
Norme of Authorized Transporter of O UPG Falco, A Division		ondersate		ddress so which ap 20108. Shre			
Name of Authorized Transporter of C HNG OIL COMPANY	Casinghead Ges 🕅	or Dry Gas	Address (Give a	ddress to which ap	nreveport, Louisiana 71120 approved copy of this form is to be sent;		
If well produces oil or liquids,	Unit Sec	Twp. Rge.	P. O. BOX Is gas actually of	2267, Midla	and, Texa When	is 79702	
give location of tanks.	н 6		Yes	i	· · · · · · · · · · · · · · · · · · ·	4-28	-81
If this production is commingled a COMPLETION DATA			l, give comminglin	g order number:	•		
Designate Type of Complet	tion $-(X)$	Dil Well Gas Well	New Well Wo	kover Deepen	Plug Ba	ck Same Res	V. Diff. Re
Date Spudded	Date Compl. F	leady to Prod.	Total Depth	i	P.B.T.D	· ·	
Elevations (DF, RKB, RT, GR, etc.)	"ame of Produ	icing Formation	Top Oil/Gas Pa		Tubing (Серіу	
Perforations			<u> </u>		Depth Co	asing Shoe	
	<u></u> ז	UBING, CASING, AN	D CEMENTING R	ECORD			
HOLE SIZE		& TUBING SIZE		TH SET		SACKS CEM	IENT
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TEST DATA AND REQUEST I	FOR ALLOWAD		after recovery of sos	al volume of load a	1. Il and must bi	e equal to or e	xceed top all
OII, WELL Date First New Oil Run To Tanks	Date of Test	able for this d	lepth or be for full 2	(hours) (Flow, pump; gaz			
Length of Test	Tables Dece						
Lengin bi feat	Tubing Pressu	•	Casing Pressure	·	Choxe Si	2.	
Actual Prod. During Test	Oil-Bbis.		Walor - Bbls.	•	Gas - MC	F	
GAS HELL Actual Frod. Test-MCF/D	Length of Test						
Testing Melhod (pilot, back pr.)	Tubing Presew	•	Bbla. Condenante			of Condensate	
	1	- (= 200 - 12)	Casing Pressure (, and - 10)	Choke Si	L• .	
DERTIFICATE OF COMPLIAN		ne Oll Conservation		IL CONSERVA	100 DIV		19
Division have been complied with bove is true and complete to the	and that the l	nformation given		0,20416	<u>u anteo i</u>	W IEREV SP	XION
· •	· .		TITLE	UNCORING E	NISTRICT 1 5	UPHRNEOK	
Retur Sildon	ے ماسابہ Betty	Gildon	This form If this is	Is to be filed in a request for allo	wable for a	newly dille	d or deepen
Regulatory Analyst			teels taken on	inuet be accomp the well in acc na of this form m	ordance with	N RULE 111.	•
1/20/86	ılə)	······································	able on new a	nd recompleted a nly Sections I,	velle. II. III. and	VI for chang	es al owne
(D)			well name of n	umber, or transpo Forms C-104 mu	iten or other	such change	of conditio
• • •				···•		•	

STATE OF NEW MEXICO Form C-104 Revised 10-1-78 GY AND MINERALS DEPARTMENT **OIL CONSERVATION DIVISION** -----11111 P 18 17 104 P. O. BOX 2088 -----SANTA FE, NEW MEXICO 87501 F IL.R. U.B.G.G. LAND OFFICT REQUEST FOR ALLOWABLE 011 TRANSPORTER AND GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPPRATOR PROBATION OFFICE Operator HNG OIL COMPANY Address P. O. Box 2267, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gos OIL 1 1 Recompletion effective February 1, 1982 Condensate X Casinghead Gas Change In Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE [Well No.] Pool Name, Including Formation Kind of Lease Lease No State, Federal or Fee State LG-893 LG-3609 San Simon 6 State Com 1 East Grama Ridge Morrow Location Η 1980 Feel From The North Line and 660 _ Feet From The __ East Unit Letter : 6 , NMPM, Township 225 Range 35E County Line of Section Lea DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Cil The Permian Corporation P. O. Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas _____ HNG 0il Company Ρ. O. Box 2267, Midland, Texas 79702 When 1 Is gas actually connected? Unit Sec. Twp. Rge. If well produces oil or liquids, give location of tanks. ¦ H 3<u>5</u>E 22S 6 Yes 4 - 28 - 81If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA New Well Workover Deepen Plug Back Same Hes'v. Difl. Res Oil Well Gas Well Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) "ame of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours) . TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oll Hun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Choxe Size Tubing Pressure Casing Pressure Length of Test ÷. Water - Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Actual Fred. 1001-MCF/D Length of Test Bbls. Condensate/AMCF Choke Size Testing Method (pitol, back pr.) Tubing Presews (Shut-in) Casing Pressure (Shut-in) **OIL CONSERVATION DIVISION E. CERTIFICATE OF COMPLIANCE** , 19. APPROVED_ 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. BY. TITLE __ This form is to be filed in compliance with BULE 1104. If this is a request for allowable for a newly drilled or deepen don lett well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with NULE 111. (Signature) Betty Gildon All sections of this form must be filled out completely for allouable on new and recompleted wells. Regulatory Analyst (Till) Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio <u>1-8-8</u>2

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Separate Forms C-104 must be filed for each pool in multip

STATE OF NEW MEXICO # RGY AND MINERALS DEPARTMENT Form C-104 Revised 10 10-1-7R #8. 87 687199 #8421958 **OIL CONSERVATION DIVISION** DITTENUTION P. O. BOX 2088 SANTA FE SANTA FE, NEW MEXICO 87501 FIL 2 ¥ 1.0.1 LAND OFFICT TRANSPORTER OIL REQUEST FOR ALLOWABLE AND -----AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PROMATION OFFICE Operator HNG OIL COMPANY Address P. O. Box 2267, Midland, Texas 79702 Reason(s) for filing (Check proper box, Other (Please explain) New Well Change in Transporter of: X Recompletion CII Dry Gos effective February 1, 1982 Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE Lease Nan Well No. Pool Name, Including Formation Kind of Lease LG-893 San Simon 6 State Com. State, Federal or Fee San Simon Wolfcamp State Location Unit Letter Η _ Feet From The East 6 22S Line of Section 35E Township Range , ммрм, Lea County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form is to be sent) The Permian Corporaation P. O. Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas HNG 0il Company 0. Box 2267, Midland, Texas. 79702 Twp. Unit Sec. Rge. Is gas actually If well produces oil or liquids, give location of tanks. ! Н 6 22S 35E Yes 4/28/81 It this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well Now Well Workover Deepen Plug Back Same Hes'v. Diff. Res'v. Designate Type of Completion -(X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) *lame of Producing Formation Top Oil/Gas Pay Tubing Depth Ferforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou-able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choxe Size Actual Pred, During Test OII-Bbls. Water - Hhls. Gas - MCF GAS WELL Actual Fred. Tool-MCE/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate lesting Method (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Size . CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. APPROVED_ 19 BY____ TITLE _ This form is to be filed in compliance with AULE 1104. ette en (Signaiwe)

Betty Giadon (Signalwe) Regulatory Analyst

1/8/82

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(Date)

II this is a request for allowable for a newly utilisd or deepene
well, this form must be accompanied by a tabulation of the deviatio
tests taken on the woll in accordance with MULE 111.
All sections of this form must be filled out completely for allow
able on new and recompleted wells.

able on new and recompleted walls. 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 romoleted wells.