AD. OF COPIES RELEIVED DISTRIBUTION JANTA FE	NEW MEXICO C	> DIL CONSERVATION COMMISSION EST FOR ALLOWABLE	N Form C-10A Superseder Old C-104 and C-	
LAND OFFICE		AND AUTHORIZATION TO TRANSFORT OIL AND NATURAL		
TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE				
Operator HNG_0il Company				
Address P.O. Box 2267' Mid	land, Texas 79702			
Reason(s) for filing (Check prop     New Well   X     Recompletion	Change in Transporter of: Oil Dr	y Gas ndensate	n )	
If change of own <del>e</del> rship give na and address of previous owner	me			
II. DESCRIPTION OF WELL A	ND LEASE			
San Simon 6 State ( Location Unit Letter H		W//	Lease LG <sup>L</sup> 893 <sup>No.</sup> Federal or Fee State LG 3609	
Line of Section 6	1980Feet From The <u>North</u>		From The East	
III. DESIGNATION OF TRANSF	ORTER OF OIL AND NATURAL	Let a let	a County	
Name of Authorized Transporter of Western Crude Oil, Name of Authorized Transporter of	of Oil or Condensate X	Address (Give address to which Box 1142, Midland,	approved copy of this form is to be sent) Texas 79701	
Name of Authorized Transporter o HNG Oil Company	· · · · · · · · · · · · · · · · · · ·	Address (Give address to which Box 2267, Midla	approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. H 6 22S 35E	Is gas actually connected?	When 4-28-81	
If this production is commingled IV. COMPLETION DATA	d with that from any other lease or poc			
Designate Type of Compl	X	New Well Workover Deepe X	en Plug Back Same Res'v. Diff. Res'v.	
Date Spudded 8-10-80	Date Compl. Ready to Prod. 10-31-80	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	13, 300' Top Oil/Gas Pay	13,217' Tubing Depth	
3628.8' GR Perforations	Morrow	13,110'	10,782'	
13,110 - 13,117	TUDUO OLOUD		Depth Casing Shoe 11,014	
HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD		
17-1/2"	13-3/8"	1085'	SACKS CEMENT	
<u> </u>	9-5/8"	5687'	500 ClC & 2950 lite	
0=1/2	<u>2-3/8" Tbg.</u>	11,014' 10,782 W/PBR at 11	400 Lite & 350 ClH	
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this c		oil and must be equal to or exceed top allow-	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	as lift, etc.)	
Langth of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod, During Test	Oil-Bbia.	Water-Bbis.	Gas - MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
2300 Testing Method (pitot, back pr.)	24 hours Tubing Pressure (Shut-in)	30	56.0	
Back pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
. CERTIFICATE OF COMPLIA		Packer OIL CONSER	VATION COMMISSION	
Thereby possify that the star				
Commission have been complied	d regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.		, 19	
-bore is that and complete to t	he best of my knowledge and belief.	1 Top	Sam	
$\sim 0$		1.	<u>or district</u>	
Bource. S.C.	Cou Betty A. Gildon		n compliance with RULE 1104. lowable for a newly drilled or deepened	
(Sig	nature)	well, this form must be accom tests taken on the well in acc	panied by a tabulation of the deviation	
	îile)	All sections of this form a	must be filled out completely for allow-	
130/81		able on new and recompleted Fill out only Sections I,	II. III. and VI for changes of owner	
(E	late)	well name or number, or transpired	orter, or other such change of condition.	

	AD. OF COPIES RELEIVED DISTRIBUTION JANTA FE FILE J.S.G.S. LAND OF FICE TRANSPORTER OIL	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Eprm C-104 Supersedgy Old C-104 and C-1 Effective 1-1-65 _ GAS		
1.	OPERATOR GAS   PRORATION OFFICE Operator   HNG Oil Company	_				
	Address	Midland, Texas 79702	Other (Please explain)			
	Change in Ownership If change of ownership give name and address of previous owner	Casinghead Gas X Conde				
II.	DESCRIPTION OF WELL AND Lease Name San Simon 6 State Location Unit Letter H 1	Well No. Pool Name, Including F	Wolfcamp State, Fede	eralor Fee State LG-893		
				lea County		
111.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of Scurlock Oil Compa Name of Authorized Transporter of Ca HNG Oil Company	n y Isinghead Gas 🗶 or Dry Gas 🗍	Address (Give address to which app 723 Western Unite Address (Give address to which app Box 2267, Midland			
	If well produces oil or liquids,UnitSec.Twp.Rge.Is gas actually connected?Whengive location of tanks.H622S35EYes4/28/81					
IV.	If this production is commingled we COMPLETION DATA	Oil Well Gas Well	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi		X Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, ANI	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
ν.	TEST DATA AND REQUEST F OIL WELL	Date of Test	pter recovery of total volume of load of epth or be for full 24 hours) Producing Method (Flow, pump, gas	il and must be equal to or exceed top allow lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION		
	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.		APPROVED			
Regulatory Clerk (Title) April 30, 1981 (Date)		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 allow- able 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.				

DISTRIBUTION		CONSERVATION COMMISS	Form C-104	
FILE	REQUES	REQUEST FOR ALLOWABLE Supersedes Old C-104		
U.S.G.S.		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	AUTHORIZATION TO TR	CANSPORT UIL AND NATURAL	LGAS	
I RANSPORTER OIL				
GAS				
OPERATOR PRORATION OFFICE				
HNG Oil Company				
P. O. Box 2267, Mid				
Reason(s) for filing (Check proper New Well XX	Change in Transporter of:	Other (Please explain)		
Recompletion		$as \qquad \boxed{ 10 \text{ change 011}}$	& Casinghead Gas gathere	
Change in Ownership	Casinghead Gas 🕎 Cond	ensate		
If change of ownership give nam and address of previous owner _				
. DESCRIPTION OF WELL AN	D LEASE	Formation Kind of Le		
San Simon 6 State C			eral or Fee State Lease No. LG-893 &	
Location			LG-3609	
Unit Letter H ;;	1980 Feet From The North Li	ine and <u>660</u> Feet Fro	m The East	
Line of Section 6	Township 22S Range	<u>35е , ммрм, I</u>	County	
DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G		proved copy of this form is to be sent)	
Scurlock Oil Company	у	723 Western United Li	fe Bldg., Midland, Tx 797	
Name of Authorized Transporter of		Address (Give address to which app	proved copy of this form is to be sent)	
Natural Gas Pipelin	e Co. of Amer.	P. O. Box 283, Housto		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. H 6 22S 35E	ls gas actually connected? Yes	When 4/26/81	
If this production is commingled	with that from any other lease or pool,	, give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Comple	tion $-(X)$ X	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc	, Name of Producing Formation	Top Oil/ <b>Gas Pay</b>	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD	······································	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		· · · · · · · · · · · · · · · · · · ·		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a		il and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	able for this di	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift etc.)	
Date First New Oil Run 10 Tanks		Fioddenig Motiod (1.000, pamp, gas	•••,•, •••••	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	NCE	•••••••••		
	d regulations of the Oil Conservation	11	, 19	
Commission have been complied above is true and complete to f	with and that the information given the best of my knowledge and belief.	BYJerry Sexton		
		Jerry Se TITLE Diei 1.3		
Boura, Kelon	) Betty A. Gildon		a compliance with RULE 1104. owable for a newly drilled or deepened	
(Si	(nature)	well, this form must be accome	panied by a tabulation of the deviation	
Regulatory Clerk		tests taken on the well in acc	ordance with RULE 111.	
•	Title)	All sections of this form m sble on new and recompleted y	nust be filled out completely for allow- wells.	
April 24, 1981		Fill out only Sections I.	II. III, and VI for changes of owner, orten or other such change of condition.	
(	Date)	P1	in he filed for each post is multiply	

	· · ·	 -	

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DISTRIBUTION SANTA FE FILE		OIL CONSERVATION COMMISSION JEST FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND NATURAL	
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
I. PROPATION OFFICE			
HNG Oil Company			
Address			
P.O. Box 2267, Reason(s) for filing (Check)			
New Well	Change in Transporter of:	Other (Repartment	D GAS MUST NOT DE
Recompletion	011 []		TER 3/1/8/ EXCEPTION TO R-465
Change in Ownership	Casinghead Gas (	Condensate	
If change of ownership giv			
and address of previous ow	/ner		
II. DESCRIPTION OF WEL			
	Well No. Pool Name, Includ		T CL 3849 20
San Simon 6 Sta Location	te Com.   <u>1</u>   <del>Un</del> d. Wolfc	ampState, rede	eral or Fee State LG-3609
Unit Letter <u>H</u>	; 1980 Feet From The North	Line and 660 Feet Eror	The Root
	<b>m</b>		
Line of Section 6	Township 22S Bange	35E , NMPM, Lea	County
	NSPORTER OF OIL AND NATURAL		
Name of Authorized Transpor			roved copy of this form is to be sent)
Western Crude Oi Name of Authorized Transpor	ter of Casinghead Gas 🗙 or Dry Gas 🏹	Box 1142, Midland, To	exas 79701 roved copy of this form is to be sent)
TexacoInc		Box 3109, Midland, T	
If well produces oil or liquids	Unit Sec. Twp. Rge		/hen
give location of tanks.	<u> </u>		
If this production is commir V. COMPLETION DATA	gled with that from any other lease or p	ool, give commingling order number:	1
Designate Type of Co	Oil Well Gas We	ll New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
Date Spuddod	X	X	-
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-10-80 Elevations (DF, RKB, RT, GF	10-31-80 t, etc.; Name of Producing Formation	13, 300' Top Oil/Gas Pay	Tubing Depth
3628.8' GR	Wolfcamp	11,132'	10,782'
Perforations			Depth Casing Shoe
11,132' - 11,154		AND CEMENTING RECORD	<u>11,014'</u>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2 "	13-3/8"	1085'	1450 C1C
<u>12-½''</u> 8-1/2''	<u>9-5/8''</u> 7''	5687'	<u>500_C1C &amp; 2950_lite</u>
		11,014' 10,782' W/PBR_at_10,78	-400 lite & 350 ClH
V. TEST DATA AND REQU	EST FOR ALLOWABLE (Test must	be after recovery of total volume of load oil	
OIL WELL Date First New Oil Run To To	able for thi	s depth or be for full 24 hours) Producing Method (Flow, pump, gas l	
11-1-80	11-1-80	Flowing	·/··
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours Actual Prod. During Test	2850 Cul-Bbig.	Water-Bbla.	9/64" Gas-MCF
<u>67.93 bb1s</u>	67-93-407.58	Water-Bols.	GdB-MCF
<u> </u>		U	210-2-22/07-24
GAS WELL			
Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr	J Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
. CERTIFICATE OF COMP	LIANCE	OIL CONSERVA	ATION COMMISSION
	a and regulations of the Oil Conservation olled with and that the information give		, 19
	to the best of my knowledge and belie		Contraction and Contraction an
		TITLE 809EDVISOR	
Rue tria		This form is to be filed in a	compliance with RULE 1104.
Setty a. Alder	- Betty A. Gildon	If this is a request for allow	veble for a newly drilled or deepense
U Population 21	(Signarwe)	well, this form must be accompa- tests taken on the well in accor	nied by a tabulation of the deviation dence with RULE 111.
Regulatory Clerk	(Title)		st be filled out completely for allow-
12-11-80		Fill out only Sections I. II	1118. [, 11], and VI for changes of owner,
	(Date)	well name or number, or transport	er, or other such change of condition.
		H Separate Forms C-104 must	t be filed for each pool in multiply