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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-10s and C-  
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 checked="" 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

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Simon 5 State	Well No. 1	Pool Name, including Formation San Simon Wolfcamp R-6923	Kind of Lease State, Federal or Fee State	Lease No. LG-4136
Location				
Unit Letter E ; 1980 Feet From The Norht Line and 660 Feet From The West				
Line of Section 5 Township 22S Range 35E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> HNG OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2267, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 5	Twp. 22S	Rge. 35E	Is gas actually connected? Yes	When 1/18/82

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/28/81	Date Compl. Ready to Prod. 12/15/81		Total Depth 13,250'		P.B.T.D. 13,121'			
Elevations (DF, RKB, RT, GR, etc.) 3640.8' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 11,128'		Tubing Depth 2-3/8" @ 11,046'			
Perforations 11,128' - 11,265'					Depth Casing Shoe 10,875'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		1100'		1350			
12-1/4"	9-5/8"		5636'		3200			
8-3/4"	7"		10875'		750			
6-1/8"	4-1/2" liner		13250' TOL: 10600'		475			

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 1/12/82	Date of Test 1/12/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 2650	Casing Pressure -	Choke Size 11/64"
Actual Prod. During Test 490 bbls	Oil - Bbls. 490	Water - Bbls. 0	Gas - MCF 665

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Betty G. Odon  
Betty G. Odon (Signature)  
Regulatory Analyst  
(Title)  
1/19/82  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Orly Stein  
TITLE Dist. 1, State

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