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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-110
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:		Other (Please explain)	
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	Well No.	Pool Name, <i>James R-6328</i>	Kind of Lease	Lease No.
Wilson 8 Federal	4	Sioux Yates	State, Federal or Fee Federal	NM 18644
Location				
Unit Letter	A	660	Feet From The North Line and	660
			Feet From The East	
Line of Section	8	Township	26S	Range
			36E	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Basin, Inc.	Box 2297, Midland, Texas 79702					
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	Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	is gas actually connected?	When
	I	8	26S	36E	Yes	2-22-80

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'tv.	Diff. Res'tv.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-16-80	2-22-80		3800'		3652'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
2974' GR	Yates		3337		3363'			
Perforations					Depth Casing Shoe			
3337' - 3602'					3800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1425'		600 HLW & 300 C1C			
7-7/8"	5-1/2"		3800'		450 HLW & 225 C1C			
	2-3/8" Tubing		3363'					

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.)	
2-22-80	2-25-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-	Packer	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
31 bbls.	31	124	50

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.

Betty A. Gildon
(Signature) Betty A. Gildon
Regulatory Clerk
(Title)

March 6, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 10 1980, 19
BY John W. Ramsey
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.

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

INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		6. District <div style="text-align: center;">1</div>
FIELD NAME Sioux Yates	2. LEASE NAME Wilson 8 Federal	7. Lease Number (Oil completions only) NM 18644
OPERATOR HNG Oil Company		8. Well Number <div style="text-align: center;">4</div>
ADDRESS Box 2267, Midland, Texas 79702		9. Identification Number (Gas completions only)
LOCATION (Section, Block, and Survey) 660' FNL & 660' FEL, Sec. 8, T26S, R36E		10. County <div style="text-align: center;">Lea</div>

RECORD OF INCLINATION

1. Measured Depth (feet)	2. Course Length (Hundreds of feet)	3. Angle of Inclination (Degrees)	4. Displacement per Hundred Feet (Sine of Angle X100)	5. Course Displacement (feet)	6. Accumulative Displacement (feet)
495	495	1/4	.44	2.18	2.18
993	498	1-1/2	2.62	13.05	15.23
1415	422	1-1/4	2.18	9.20	24.43
1920	505	3-1/4	5.67	28.63	53.06
2298	378	4-1/4	7.41	28.01	81.07
2488	190	5-1/2	9.58	18.20	99.27
2614	126	5-1/2	9.58	12.07	111.34
2760	146	6	10.45	15.26	126.60
2990	230	5-1/4	9.15	21.05	147.65
3216	226	4-3/4	8.28	18.71	166.36
3775	559	4	6.98	39.02	205.38

If additional space is needed, use the reverse side of this form.

7. Is any information shown on the reverse side of this form? ☐ yes ☒ no
8. Accumulative total displacement of well bore at total depth of 3775 feet = 205.38 feet.
9. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
10. Distance from surface location of well to the nearest lease line 660 feet.
11. Minimum distance to lease line as prescribed by field rules 330 feet.
12. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? NO
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

Richard B. Shaw
 Signature of Authorized Representative
Richard B. Shaw
 Name of Person and Title (type or print)
Price Drilling Company
 Name of Company
 Telephone: _____
 Area Code _____

OPERATOR CERTIFICATION

Betty A. Gildon
 Signature of Authorized Representative
Betty A. Gildon - Regulatory Clerk
 Name of Person and Title (type or print)
HNG Oil Company
 Operator
 Telephone: 915 683-4871
 Area Code _____

Subscribed and Sworn to before me on this 12th day of January, 1980

Notary Public in and for Midland County, Texas

Paul M. Smith

3.

[illegible]

REMARKS:

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule

This report shall be filed in the District Office of the Commission for the district in which the well is drilled; by attaching one copy to each appropriate completion for the well. (except Plugging Report)

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.