

NO. OF COPIES RECEIVED	
DISTRIBUTION	
ANTA FE	
ILE	
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-104 and C-111
Effective 1-1-55

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 Wilson 8 Federal	Well No. 5	Pool Name/Including Formation Sioux Yates	Kind of Lease State, Federal or Fee Federal	Lease No. NM 18644
Location				
Unit Letter J	2140	Feet From The South	Line and 1787	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 I	Sec. 8	Twp. 26S	Rge.. 36E	Is gas actually connected? Yes	When 4-17-80

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-11-80	Date Compl. Ready to Prod. 4-17-80	Total Depth 3700'	P.B.T.D. 3651'					
Elevations (DF, RKB, RT, GR, etc.) 2971' GR	Name of Producing Formation Tansill	Top Oil/Gas Pay 3201'	Tubing Depth 3242'					
Perforations 3201 - 3385			Depth Casing Shoe 3700'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8"	1410'	600 HLW & 250 CLC					
7-7/8"	5-1/2"	3700'	450 HLW & 225 C1C					
	2-3/8" Tubing	3242						

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 4-17-80	Date of Test 5-8-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test 19 barrels	Oil - Bbls. 19	Water - Bbls. 16	Gas - MCF TSTM

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 A. Gildon
(Signature)

Betty A. Gildon

Regulatory Clerk

(Title)

May 13, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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.

INCLINATION REPORT (One Copy Must Be Filled With Each Completion Report.)		6. District <div style="text-align: center;">1</div>
1. Well Name Huox Yates	2. LEASE NAME Wilson 8 Federal	7. Lease Number (Oil completions only) NM 18644
3. OPERATOR HNG Oil Company		8. Well Number <div style="text-align: center;">5</div>
4. ADDRESS P.O. Box 2267 Midland, Texas 79702		9. Identification Number (Gas completions only)
5. LOCATION (Section, Block, and Survey) 140' FSL & 1787' FEL, Sec. 8, T26S, R36E		10. County Lea, NM

RECORD OF INCLINATION

11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
479	479	1/2	.87	4.16	4.16
975	496	1-1/4	2.18	10.81	14.97
410	435	3	5.23	22.75	37.72
008	598	3-3/4	6.54	39.10	76.82
500	492	3	5.23	25.73	102.55
292	792	2	3.49	27.64	130.19
700	408	2	3.49	14.23	144.42

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

Is any information shown on the reverse side of this form? ☐ yes ☒ no

Accumulative total displacement of well bore at total depth of 3700 feet = 144.42 feet.

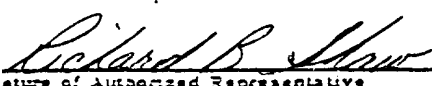

Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe

Distance from surface location of well to the nearest lease line 1787 feet.

Minimum distance to lease line as prescribed by field rules 330 feet.

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 <div style="text-align: center;">  Signature of Authorized Representative Richard B. Shaw Name of Person and Title (Type or print) HNG Oil Company Name of Company Telephone: _____ Area Code _____ </div>	OPERATOR CERTIFICATION <div style="text-align: center;">  Signature of Authorized Representative Betty A. Gildon, Regulatory Clerk Name of Person and Title (Type or print) HNG Oil Company Operator Telephone: <u>915</u> <u>683-4871</u> Area Code _____ </div>
--	--

Subscribed and Sworn to before me on this 15 day of May, 1980.

Notary Public in and for Midland County, Texas

•

[illegible]

EMARS:

a. 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