

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROMOTION OFFICE | |
| Operator | |

HNG OIL COMPANY

Address

P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|----------------------|
| Lease Name Diamond SM-36 State | Well No. 1 | Pool Name, Including Formation Pitchfork Ranch /Morrow/ | Kind of Lease State, Federal or Fee State | Lease No. LG-4235 |
| Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>36</u> Township <u>24S</u> Range <u>33E</u> , NMPM, Lea County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, Texas 77001 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? <u>No</u> When | |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

| | | | | | | | | |
|--|---------------------------------------|----------|----------------------------|----------|---------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 1-2-85 | Date Compl. Ready to Prod. 3-17-85 | | Total Depth 15,410' | | P.B.T.D. 15,361' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3479.2' GR | Name of Producing Formation Morrow | | Top Oil/Gas Pay 15,217' | | Tubing Depth 2-7/8" at 14386 | | | |
| Perforations 15,217' to 15,298' | | | | | Depth Casing Shoe 13,272' | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|------------------|--------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/2" | 13-3/8" | 620' | 265 HL & 250 Cl C |
| 12-1/4" | 9-5/8" | 5100 | 2000 HL & 475 Cl C |
| 8-3/4" | 7-5/8" | 13272' | 550 TLW & 275 Cl H |
| *6-1/2" | 5-1/2" Liner | 14970 TOL: 12763 | 365 Cl H |

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.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

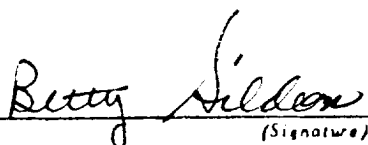
*3-1/2" Liner set at 15,410' TOL: 14386' - 100 sacks Class H

GAS WELL

| | | | |
|---|-----------------------------------|-------------------------------------|----------------------------|
| Actual Prod. Test-MCF/D 1600 | Length of Test 24 hours | Bbls. Condensate/MCF 0 | Gravity of Condensate - |
| Testing Method (prior, back pr.) Back pressure | Tubing Pressure (shut-in) 4700 | Casing Pressure (shut-in) Sealed | Choke Size 10/64" |

CERTIFICATE OF COMPLIANCE

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.



Betty Gildon

Regulatory Analyst

(Title)

April 3, 1985

(Date)

OIL CONSERVATION DIVISION

JUL - 8 1985

APPROVED _____, 19

BY _____
DISTRICT SUPERVISOR

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.

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

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