

DISTRIBUTION			
SANTA FE			
FILE			
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-104 and C-110  
Effective 1-1-65

Operator <b>HNG Oil Company</b>			
Address <b>P. O. Box 767, Midland, Texas 79701</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	<b>Re-enter and complete in the Devonian formation.</b>	
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 <b>Cayman Arco Federal</b>	Well No. Pool Name, including Formation <b>1 Dollarhide/Devonian</b>	Kind of Lease State, Federal or Foreign <b>Federal</b>	Lease No. <b>LC-067968</b>
Location Unit Letter <b>P</b> Section <b>710</b> Feet From The <b>South</b> Line and <b>600</b> Feet From The <b>East</b> Line Line of Section <b>30</b> Township <b>24-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> 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) <b>P. O. Box 1510, Midland, Texas 79701</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>None</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec	Range
	<b>0</b>	<b>30</b>	<b>24-S 38-E</b>
If gas actually connected?		When	
<b>No</b>			

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	Deeper	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded <b>5-30-72</b>	Date Compl. Ready to Prod. <b>7-17-72</b>		Total Depth <b>8000'</b>		B.L.S.D. <b>7960'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3146' GR.</b>	Name of Producing Formation <b>Devonian</b>		Top Oil/Gas Pay <b>7658'</b>		Turning Depth <b>7751'</b>			
Perforations <b>7844-50; 7827-31; 7696-7703; 7658-62; 3 .72" holes per interval</b>		TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE <b>7 7/8"</b>	CASING & TUBING SIZE <b>5 1/2"</b>		DEPTH SET <b>3886' with casing bowl &amp; tied on to existing casing.</b>		SACKS CEMENT <b>250 sacks</b>			

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)

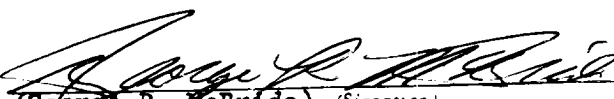
Date First New Oil Run To Tanks <b>7-17-72</b>	Date of Test <b>7-18-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>230 psi</b>	Casing Pressure <b>packer</b>	Choke Size <b>16/64</b>
Actual Prod. During Test <b>131</b>	Oil-Bbls. <b>121 Bbls.</b>	Water-Bbls. <b>10 Bbls.</b>	Gas-MCF <b>148 MCF</b>

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.

  
(George R. McBride) (Signature)  
Admin. Ass't. to Dist. Supt.  
(Title)  
July 28, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 21 1972, 19  
BY [Signature]  
TITLE DEPUTY DISTRICT I

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 completed wells.