

NO. OF COPIES RECEIVED	
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

I.

Operator HNG Oil Company	
Address P. O. Box 767, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain):
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 checked="" 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 RAF "30"	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee Federal	Lease No. LC-067 968
Location Unit Letter "O" Feet From The 405' South Line and 1650' Feet From The East Line of Section 30 Township 24-S Range 38-E N.M.P.M. 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)					
The Permian Corporation	P. O. Box 1133, Houston, Texas 77001					
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)					
Vented						
If well produces oil or liquids, give location of tanks.	Unit "O"	Sec. 30	Twp. 24-S	Range 38-E	Is gas actually collected? No	When As soon as possible

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'tv.	Diff. Res'tv.
Date Spudded 10/13/71	Date Compl. Ready to Prod. 12/2/71		Total Depth 8862		P.B.T.D. 8859			
Elevations (DF, RKB, RT, GR, etc.) 3129' GR.	Name of Producing Formation Fusselman		Top Oil/Gas Pay 8693'		Tubing Depth 8804'			
Perforations Twenty-two perforations at selected intervals 3753 - 3693					Depth Casing Shoe -			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11 3/4"		843'		510 sx Incor w/2% CaCl2			
11"	8 5/8"		3,770'		1075 sx Class "C" 7% CaCl2			
7 7/8"	5 1/2"		8,800'		95 sx Incor Neat; 350 sx Trinity lite wt. & 150 sx Incor Neat			

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 12/10/71	Date of Test 12/13/71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 20	Choke Size Open
Actual Prod. During Test 299 Bbls.	Oil-Bbls. 232 Bbls.	Water-Bbls. 67 Bbls.	Gas-MCF 93

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.

(Signature)
(W. L. Lorette) District Production Engineer
(Title)
12/17/71
(Date)

OIL CONSERVATION COMMISSION

APPROVED 12/17/71, 19
BY [Signature]
TITLE ASST. DIR.

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.