

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

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S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator HNG Oil Company		
Address P.O. Box 2267, Midland, Texas 79702		
Reason(s) for filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input checked="" 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 \_\_\_\_\_

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U.S. GEOLOGICAL SURVEY  
HOUSTON, NEW MEXICO

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott 31 Federal	Well No. 1	Pool Name, including Formation Dollarhide (Devonian)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-069052
Location				
Unit Letter A	990	Feet From The North	Line and 990	Feet From The East
Line of Section 31	Township 24-S	Range 38-E	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)
Texas-New Mexico Pipe Line Company	P.O. Box 1510, Midland, TX 79702
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)
El Paso Natural Gas Company	P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 31 24-S 38-E	Yes

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>	
Date Spudded PB 12-26-78	Date Compl. Ready to Prod. 1-25-79	Total Depth 10,250		P.B.T.D. 8500					
Elevations (DF, RKB, RT, GR, etc.) 3126' GR	Name of Producing Formation Devonian	Top Oil/Gas Pay 7556		Tubing Depth 7214					
Perforations 7556-7597, 7617-7675					Depth Casing Shoe 10,250				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		572'		725 sx				
12-1/4"	9-5/8"		3790'		2000 sx				
8-3/4"	5-1/2"		10,250'		2325 sx				

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 1-25-79	Date of Test 1-30-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 65	Oil-Bbls. 65	Packer Water-Bbls. 17	Gas-MCF 35

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)  
Regulatory Clerk  
(Title)  
2-5-79  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 9 1979, 19  
BY  
TITLE SUPERVISOR 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.

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