| NO. OF COPIES REC | Elveu | i | | |
|-------------------|-------|---|---|----|
| DISTRIBUTION | | | | |
| SANTA FE | | | ٦ | |
| FILE | | | | |
| U.S.G.S. | | | | |
| LAND OFFICE | | | 1 | |
| TRANSPORTER | OIL | | | |
| | GAS | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |
| Operator | | | | |
| L H | NG Oi | 1 | С | om |
| Address | | | | |

| SANTA FE | | L CONSERVATION COMMI IN | Form C-104 | |
|---|--|--|---|--|
| FILE | REQUES | T FOR ALLOWABLE Supersedes Old C-104 and C | | |
| <u> </u> | | AND Effective 1-1-65 | | |
| U.S.G.S. | AUTHORIZATION TO T | RANSPORT OIL AND NATURAL | GAS | |
| LAND OFFICE | | | | |
| TRANSPORTER GAS | | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |
| Operator | | | | |
| 7777 011 0 | | | | |
| HNG Oil C | ompany | | | |
| | | | | |
| P. O. Box | 767, Midland, Texas 79 | 701 | | |
| Reason(s) for filing (Check proper | box) | Other (Please explain) | 4/1/12 | |
| New We!1 | Change in Transporter of: | | 4/11/2 | |
| Recompletion | OII Dry | Gas | | |
| Change in Ownership | Casinghead Gas Con | densate | | |
| If change of ownership give nam and address of previous owner _ | | | | |
| I. DESCRIPTION OF WELL AN | Well No. Pool Name, Including | For all of | | |
| . 2/ | | - | Loade ito. | |
| Elliott Federal | 1 Dollarhide, | Fusselman State, Feder | ral or Fee Federal I C-069052 | |
| Location | | | | |
| Unit Letter A | 990 Feet From The North | Line and990 Feet From | The East | |
| | | 1 eet rion | | |
| Line of Section 31 | Township 24-S Range | 38-E , NMPM, Lea | County | |
| | 24-0 | 30-д , така ж, пев | County | |
| I DESIGNATION OF TRANSPO | NETER OF OIL AND NATURAL A | CAC | | |
| Name of Authorized Transporter of | ORTER OF OIL AND NATURAL (| Address (Give address to which appr | oved copy of this form is to be cently | |
| | | | · | |
| The Permian Corp | pration | P. O. Box 1183, Hous | ston, Texas 77001 | |
| Name of Authorized Transporter of | Casinghead Gas or Dry Gas | Address /Give address to which appr | oved copy of this form is to be sent) | |
| | Vented | | | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? W | hen | |
| give location of tanks. | A 31 24-S 38-E | E No | | |
| If this production is commingled | with that from any other lease or poo | | | |
| COMPLETION DATA | with that from any other reade or poo | , give comminging order number. | | |
| | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | |
| Designate Type of Comple | tion - (X) X | X | · · · · · · · · · · · · · · · · · · · | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| 11-18-71 | 1-17-72 | 10,250' | 10,250' | |
| Elevations (DF, RKB, RT, GR, etc. | | Top Oil/Gas Pay | | |
| | | | Tubing Depth | |
| 3126' GR. | Fusselmen | 8658 ' | 8746 * | |
| Perforations | | | Depth Casing Shoe | |
| 8656 ' - 8666 | <u>'. 8704'- 8716', 8776'</u> | - 8782' | 10,250' | |
| | TUBING, CASING, A | ND CEMENTING RECORD | · | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| 17 1/2" | 13 3/8" | 5721 | 725 sx Incor+2% CACL2 | |
| 12 1/4" | 9 5/8" | 3,790* | 2000sxLoDense&250sxInco | |
| | 5 1/2" | 1 | | |
| 8 3/4" | <u> </u> | 10,250 | 2325 sx Incor | |
| | | | <u> </u> | |
| | FOR ALLOWABLE (Test must be | : after recovery of total volume of load oil depth or be for full 24 hours) | l and must be equal to or exceed top allow- | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas l | ift are 1 | |
| | | | | |
| 1-18-72 | 1-30-72 | | imping | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| 24 | - | 40 | Open . | |
| Actual Prod. During Test | Cil-Bble. | Water - Bbis. | Gas-MCF | |
| 181 Bbls. | 176 Bbls. | 5 | 87 | |
| | The state of the s | | | |
| GAS WELL | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | |
| | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| rasting Method (pitot, sack pr.) | . mound Erassma (Sung-In) | Odern's Liessma (Sudc_In) | Chora Stra | |
| | | <u> </u> | | |
| CERTIFICATE OF COMPLIA | NCE | OIL CONSERVA | ATION COMMISSION | |
| | | 1 7 259 | 6 1 + 79 | |
| | | ii))⊊ De 5⊷f / | | |

VI.

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 (George . McBride) to Dist. Supt.

Admin. Assit. (Title)

February 22, 1972

(Date)

DISTRICT

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

FEB 25 (270 OIL CONSERVATION COMM. HOBBS, N. M.