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TRANSPORTER	OIL	
	GAS	
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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 Box 767, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Federal "31"	Well No. 3	Pool Name, Including Formation Dollarhide Devonian	Kind of Lease State, Federal or Federal Federal	Lease No. LC-069052
Location				
Unit Letter H	1980	Feet From The No.	Line and 990	Feet From The East
Line of Section 31	Township 24S	Range 38E	, 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) 600 Building of Southwest, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 31	Twp. 24S	Rge. 38E	Is gas actually connected? Yes	When 6/72 (in Fusselman)

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	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 2-7-72	Date Compl. Ready to Prod. 3-8-73		Total Depth 10,275'		P.B.T.D. 7997'			
Elevations (DF, RKB, RT, GR, etc.) 3124 GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 7510'		Tubing Depth 7520'			
Perforations 7520-30 (20 holes)					Depth Casing Shoe 8895			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		605'		750			
12 1/2"	9-5/8"		3814'		1450			
8-3/4"	7"		8895'		800			
	4 1/2" Liner		3500-8500'		475			

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 3-6-73	Date of Test 3-6-73	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 120 psi	Casing Pressure Packet	Choke Size 2
Actual Prod. During Test 201 bbl.	Oil - Bbls. 198	Water - Bbls. 3	Gas - MCF 127

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.


G.R. McBride
(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
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 multiply completed wells.