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TRANSPORTER	OIL
	GAS
OPERATOR	
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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 P. O. Box 2267, 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	Well No. 4	Pool Name, Including Formation Dollarhide/Devonian	Kind of Lease State, Federal or Fee Federal	Lease No. LC 069052
Location				
Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>north</u> Line and <u>1650</u> Feet From The <u>east</u>				
Line of Section <u>31</u> Township <u>24-S</u> Range <u>38-E</u> , N.M.P.M., <u>Lea</u> 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 Co.	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 Co.	Address (Give address to which approved copy of this form is to be sent) 600 Bldg. of the Southwest, Midland, Tx					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 31	Twp. 24S	Rge. 38E	Is gas actually connected? Yes	When 5-24-72

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	Same Res'v.	Diff. Res'v.
	X					X		X
Date Spudded 11-12-74	Date Compl. Ready to Prod. 11-14-74	Total Length 10,285'		P.B.T.D. CIBO @ 7980'				
Elevations (DF, RKB, RT, GR, etc.) GR 3123'	Name of Producing Formation Devonian		Total Casing Depth 7472'		Tubing Depth 7628'			
Perforations 7485-88', 7563-64', 7581-82'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		614'		750 sks			
12-1/4"	9-5/8"		3810'		1750 sks			
8-3/4"	5-1/2 & 7"		10,285'		450 sks			
7"	2-3/8"		7628		None			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 11-15-74	Date of Test 11-15-74	Test Method (Flow pump, gas lift, etc.) Pumping - 2" X 1-1/4" X 16' X 20' H-F	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure 35#	Choke Size -
Actual Prod. During Test 6 BO	Oil-Bbls. 6	Water-Bbls. None	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Grav. 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.

C. A. Lutz  
(Signature) C. A. Lutz

Production Supt.  
(Title)

6-11-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY John W. Runyan  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

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.