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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"/>	CASEHEAD GAS MUST NOT BE TRANSPORTED IN RELATION TO R-4470
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input 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 Elliott "31" Federal	Well No. 4	Pool Name, including Formation Dollarhide/Fusselman	Kind of Lease State, Federal or Fee Federal	Lease No. LC-069052
Location Unit Letter G ; 1650 Feet From The North Line and 1650 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"/> Texas - New Mexico Pipe Line 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 31	Sec. 24-S
	Twp. 38-E	Rge. No
	Is gas actually connected? No When	

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-29-72	Date Compl. Ready to Prod. 4-19-72		Total Depth 10,285'		P.B.T.D. 8,813'			
Elevations (DF, RKB, RT, GR, etc.) 3,123' GR.	Name of Producing Formation Fusselman		Top Oil/Gas Pay 8,580'		Tubing Depth 8,813'			
Perforations 8,713-16'; 8,625-28'; 8,666-69'; 8,580-83'; 4 Holes per interval					Depth Casing Shoe 10,285'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		614'		750 sacks			
12 1/4"	9 5/8"		3,810'		1,750 sacks			
8 3/4"	5 1/2" & 7"		10,285'		450 sacks			

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 4-19-72	Date of Test 4-19-72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 16 hrs.	Tubing Pressure 400	Casing Pressure 0 (Packer)	Choke Size 14/64
Actual Prod. During Test 224	Oil - Bbls. 209	Water - Bbls. 16	Gas - MCF 198

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)

Admin. Ass't. to Dist. Supt.

(Title)

May 15, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 19 1972**, 19

BY **[Signature]**

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAY 16 1972

OIL CONSERVATION COMM.
HOBBS, N. M.