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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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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) THIS WELL HAS BEEN PLACED IN THE POOL OF THE PERMIAN CORPORATION AND MUST NOT BE RECOMPLETED OR REENTERED TO R-4070	

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL OF THE PERMIAN CORPORATION AND MUST NOT BE RECOMPLETED OR REENTERED TO R-4070

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Elliott "31" Federal	5	Dollarhide/Devonian	State, Federal or Fee Federal	LC-069052
Location				
Unit Letter	"C"	940 Feet From The	North Line and	2310 Feet From The
Line of Section	31	Township	24-S	Range
			38-E	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)	
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001	
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)	
Vented		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	D	31
	24-S	38-E
	Is gas actually connected? When	
	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
4-11-72	5-10-72		7,840'		7,832'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3097' GR.	Devonian		7,624'		7,685'			
Perforations					Depth Casing Shoe			
7683'-93; 7798'-7803'	6 shots .72" per interval				7,840'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 5/8"		620'		750 sks.			
11"	8 5/8"		3,950'		1,620 sks.			
7 7/8"	5 1/2"		7,835'		625 sks.			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-10-72	5-10-72	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
12 hrs.	350 psi	0 (Packer)	16/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
184	180	4	342

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) George R. McBride
Admin. Ass't. to Dist. Supt.
(Title)
May 15, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAY 19 1972

BY

SUPERVISOR DISTRICT I

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.

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MAY 1 1972

OIL CONSERVATION COMM.
HOBBS, N. M.