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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
Operator: **HNG Oil Company**
Address: **P. O. Box 767, Midland, Texas 79701**

Reason(s) for filing (Check proper box):
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

Other (Please explain): **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT WANT YOUR NAME ON THIS OFFICE. MUST NOT BE RECORDED. 7/9/72. EXCEPTION TO R-4070 IS MAINTAINED.**

If change of ownership give name and address of previous owner: **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT WANT YOUR NAME ON THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott "31" Federal	Well No. 6	Pool Name, including Formation Dollarhide/Devonian	Kind of Lease State, Federal or Fee Federal	Lease No. 069052
Location Unit Letter D ; 467 Feet From The North Line and 990 Feet From The West 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. D 31 24-S 38-E	Unit Sec. Twp. Rge. 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 <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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 4-11-72	Date Compl. Ready to Prod. 5-11-72	Total Depth 8290'	P.B.T.D. 8253'					
Elevations (DF, RKB, RT, CR, etc.) 3132' RKB	Name of Producing Formation Devonian	Top Oil/Gas Pay 6108'	Tubing Depth 8160'					
Perforations 8127-8132'; 8219-8224' 6 shots .72" per interval						Depth Casing Shoe 8290'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	13 3/4"	619'	500 sks.					
11"	8 5/8"	3900'	1500 sks.					
7 7/8"	5 1/2"	8290'	600 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 5-9-72	Date of Test 5-9-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 16 hrs.	Tubing Pressure 150	Casing Pressure 0 (Packer)	Choke Size 20/64"
Actual Prod. During Test 144	Oil - Bbls. 216	Water - Bbls. 0	Gas - MCF 345

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.

(George R. McBride)

(Signature)
Admin. Ass't. to Dist. Supt.

(Title)
May 15, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 13 1972**, 19____

BY **George R. McBride**

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 completion.
Separate Forms C-104 must be filed for each pool in multi-

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MAY 16 1972

OIL CONSERVATION COMM.
HOBBS, N. M.