

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter etc. ☐ Oil ☐ Casinghead Gas ☐ Day Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well Name, including Formation	Kind of Lease	Fee	Lease No.
Vance "30"	3 Dollarhide/Devonian	State, Federal or Free		
Location	Unit Letter	Section	Range	Feet From The
	M	660	South	990
Line of Section	Township	Range	County	
30	24-S	38-E	Lea	

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)
Texas-New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Day Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	600 Bldg. of Southwest, Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes When 7-2-72

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)	<input checked="" type="checkbox"/> Old Well	<input checked="" type="checkbox"/> New Well	Workover	Deepen	Partial Work	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth					
6-2-72	6-28-72	8215'					8197'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay					
3121' GR.	Devonian	8030'					8098'
Perforations		Depth Casing Shoe					
8152-57 W/6 720 Go Devil; 8060-65 W/6 720 Go Devil		8215'					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT	
17 1/2"	13 3/8"	623'				750 sacks	
11"	8 5/8"	3850'				1200 sacks	
7 7/8"	5 1/2"	8215'				500 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-28-72	7-2-72	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	275 psi	Packer	14/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MMCF
200 BBLs.	196	4	221

GAS WELL

Actual Prod. Test-MMCF/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.

July 17, 1972

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.