

M-G-F DRILLING Co., Inc.

1126 VAUGHN BUILDING

MIDLAND, TEXAS 79701

915 - MU 4-7121

INCLINATION REPORT

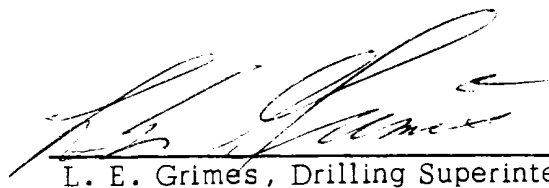
OPERATOR: John H. Hill
313 East Anderson Lane
Suite 332
Austin, Texas 78752

LOCATION: Harrison # 2
Section 7 of
T-25-S, R-37-E,
Lea County, N. M.

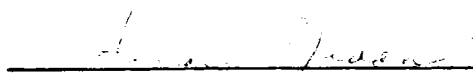
Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees
335	1/4	2313	4	2903	2 3/4		
830	1 1/2	2407	4	3091	1		
1330	3	2500	4	3320	1		
1827	4	2590	4 1/4	3610 TD	3/4		
2220	4 1/4	2682	4				

STATE OF TEXAS
COUNTY OF MIDLAND

The undersigned states that he has knowledge of the facts and matter herein set forth and that the same are true and correct .


L. E. Grimes, Drilling Superintendent

SUBSCRIBED AND SWORN TO BEFORE ME this the 5th day of June, 19 74 .


Notary Public in and for Midland
County, Texas

My Commission Expires:

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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
John H. Hill
Address
313 E. Anderson Lane - Suite 332, Austin, Texas 78752
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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harrison	Well No. 2	Pool Name, Including Formation Langlie Mattix-7 Rivers Queen	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>25S</u> Range <u>37E</u> , 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 7	Twp. 25S	Rge. 37E	is gas actually connected? When Yes 7-23-74

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-24-74	Date Compl. Ready to Prod. 7-23-74		Total Depth 3610		P.S.T.D. 3570			
Elevations (DF, RKB, RT, GR, etc.) 3147 Gr, 3156 KB	Name of Producing Formation 7 Rivers - Queen		Top Oil/Gas Pay 3126		Tubing Depth 3483			
Perforations 3127 - 3504 14 holes					Depth Casing Shoe 3602			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8-5/8		335		175			
7-7/8	4-1/2		3602		325			
	2-3/8		3483					

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 7-19-74	Date of Test 9-15-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 35	Water-Bbls. 5	Gas-MCF 150

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.

V. L. Wiederkehr
(Signature)
Superintendent
(Title)
September 16, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 18 1974, 19
BY [Signature]
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.