ANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Supersedi	Form C+104 Supersedma Old C+104 and C+1 Effective 1+1-65	
.S.G.S.	AUTHORIZATION TO TR	· · · · -	URAL GAS	•	
TRANSPORTER GAS OPERATOR		DEC 5 1	980		
PRORATION OFFICE Operator		0.0.0			
HNG Oil Company		ARTHSIA, CIF	KCE		
P.O. Box 2267', Midlar	nd , Texas 79702				
Reason(s) for filing (Check proper base) New Well	x) Change in Transporter of:	Other (Please exp	lain)		
Recompletion X	Oil Dry G	ias 🔲			
Change in Ownership	Casinghead Gas Conde	ensate			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including	Formation Kin	d of Lease	Lease No.	
	2 West Malaga		te, Federal or Fee Fee	-	
Woods 9 Com			F .		
Unit Letter B; 99	Feet From The North	ine andF	eet From TheEast		
Line of Section 9 To	ownship 24S Range	28E , NMFM,	Eddy	County	
I. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS Address (Give address to wh	sich approved copy of this for	m is to be sent)	
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas X	Address (Give address to wi	nich approved copy of this for	rm is to be sent,	
El Paso Natural Cas			l Paso, Texas 799	978	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When 10-4-80	>	
give location of tanks.	with that from any other lease or pool	No Ve-S			
If this production is commingled w. V. COMPLETION DATA	Oil Well Gas Well			ne Res'v. Diff. Res'v	
Lesignate Type of Complet		l l	X	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
10-2-80 FB	10-4-80	12,750'	11,603 Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Nume of Producing Formation Atoka	11,278'	10,109'	•	
2997 GR	Atoka	1 2 3	Depth Casing Sh	100	
11,278' - 11,379'			10,248'		
	TUBING, CASING, AI CASING & TUBING SIZE	ND CEMENTING RECORD	SACK	SCEMENT	
17-1/2"	13-3/8"	666	650		
12-1/4"	9-5/8"	2465	1600		
8-1/8"	7''	10248' 12,739' TOL: 10	1300		
	1 4-1/2" Liner	after recovery of total volume		to or exceed top allo	
V. TEST DATA AND REQUEST I	able for this	depth or be for full 24 hours)			
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pi	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF	Age of the state o	
GAS WELL			10-11-10-11	enegie (a	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Cond	ensul.	
2300 Testing Method (pitot, back pr.)	24 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke Size		
back pressure	2100	_	12/64''		
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION OFC 8 1980			
t hanabir nassifir shot sha outan an	d regulations of the Oil Conservation	n APPROVED		, 19	
	with and that the information give the best of my knowledge and belie	· · · · · · · · · · · · · · · · · · ·	Disset		

This form is to be filed in compliance with RULE 1104.

TITLE .

(Signature)

(Title)

(Date)

Regulatory Clerk

12-4-80

SUPERVISOR, DISTRICT II

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.