JIL CONSERVATION DIVISIO P. O. HOX 2088

FILE	SANTA FE, NE	W MEXICO 87501					
0.0.0.							
TOANSPORTER DIE	REQUEST FOR ALLOWABLE						
GAS	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
PAGRATION OFFICE	NOTIONIZATION TO TRANS	TORT OF AND HATORAL ONS					
HNG OIL COMPANY							
Address D	d Tayaa 70700						
P. O. Box 2267, Midlar Reusos(s) For Filing (Check proper b		Other (Please explain)					
Hew Well	Change in Transporter of:						
Recompletion	OII Dry G	⊍ ∎					
Change in Ownership	Caminghead Gas Conde	ensate					
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL ANI) LEASE	R-7158					
Madowa 20 Fodowal Com	Well No. Pool Nome Including &		Legse No.				
Madera 28 Federal Com.	Wildeat Morr	OW 310(8, 7 80	Federal NM 15684				
Unit Letter N : 66	O Feet From The South Li	ne and 1980 Feet Fro	om The				
OM Letter	<u></u>	1 400					
Line of Section 28 T	ownship 24S Range	34E , NMPM,	Lea County				
	TER OF OUR AND NATURAL O	4.6					
DESIGNATION OF TRANSPORTER of C	RTER OF OIL AND NATURAL GA		proved copy of this form is to be sent;				
The Permian Corporation		Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline	Co.	P. O. Box 2521, Hous	ton, Texas 77001				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When				
give location of tanks.	! N ! 28 24S 34E	l No :					
t this production is commingled w	rith that from any other lease or pool,	give commingling order number:	-				
	Oil Well Gas well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Complet	<u> </u>	, X	1				
Date Spuided	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
6-18-82	8-30-82	Top Oil/Gas Pay	Tubing Depth				
3460 GR	Manager Manage		<u> </u>				
Perforations	Morrow	1 14,632'	2-7/8" at 14,539' Depth Casing Shoe				
14632 - 14951			13.250'				
	TUBING, CASING, AND	CEMENTING RECORD	103600				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
17-1/2"	13-3/8"	575 ' 5225 '	325 Lite & 250 Cl C				
12-1/4"	9-5/8"	13250'	2900 Lite & 475 Cl C 605 Lite & 322 Cl H				
8-1/2" 6-1/8"	4-1/2" Liner	15298' TOL: 12812'	i 350 C1 H				
TEST DATA AND REQUEST F	; ; = =	fer recovery of total volume of load t	oil and must be equal to or exceed top allow-				
ou, well,	able for this de	pth or be for full 24 hours)					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)				
Length of Test	Tubing Pressure	Casing Presewe	Chore Sire				
		_	-				
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF				
FAS WELL Actual Frod. Tool-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate				
1800	24 hours	77.78	35.0				
Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cusing Pressure (Shut-in)	Choke Size				
Back Pressure	6200		16/64"				
ERTIFICATE OF COMPLIAN	CE	OIL CONSERV	MOISIVI <mark>O MOIT</mark>				
		DEC 3	(i) 1982				
hereby certify that the rules and regulations of the Oil Conservation livinion have been complied with and that the information given use is true and complete to the beat of my knowledge and belief,		ORIGINAL SIGNED BY JERRY SECTON TITLE DETRICY SUPR					
				_ ().			•
				R. W. X.O.C.	B g tty Gildon		n compliance with nut. 1104.
(Signature)		If this is a request for sllowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation					
Regulatory Analyst		well, this form must be secon	tests taken on the well in accordance with AULK 111.				
Regulatory		tests taken on the well in acc	ordance with AULK 111.				
(7)	Analyst	All sections of this form rable on new and recompleted	ordance with MULK 111. nust be filled out completely for allow- walls.				
October 7,	Analyst 170) 1982	All sections of this form able on new and recompleted	ordance with AULK 111. nust be filled out completely for allow- walls. II III. and VI for changes of owner.				
October 7,	Analyst	All sections of this form rable on new and recompleted Fill out only Sections I, well name or number, or transp	ordance with MULK 111. nust be filled out completely for allow- walls.				