	HO. OF COPIES RECEIVED 4	1		•
	DISTRIBUTION SANTA FE		ONSERVATION COM: JON	. Form C-104 Superseding Old C-104 and C-11
	FILE	-	AND	Effective 1-1-65
	J.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	AS
	TRANSPORTER GAS I			RECEIVED
ı.	OPERATOR PRORATION OFFICE			<b>JU</b> L 2 15/9
	HNG Oil Company			O. C. C.
	P.O. Box 2267 Midland, TX 79702			
	Reason(s) for filing (Check proper box		Other (Please explain)	
	New Well  Recompletion	Change in Transporter of: Oil Dry Ga	,_	
	Change in Ownership	Casinghead Gas Conder	<b>≍</b> ∣	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including Fi	ormation   Kind of Lease	Legse No.
	NM 16 State	1 Malaga, West	Morrow State, Federal	or Fee State LG-5175
	Location		1980	
	Unit Letter B; 6	60 Feet From The North Lin	te and 660 Feet From Th	he <u>East</u>
:	Line of Section 16 To	waship 24-S Range	28-E , NMPM,	Eddy County
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	AS Address (Give address to which approve	ed copy of this form is to be sent)
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)
	ElPaso Natural Ga		Box 1492, ElPaso, T	X 79978
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When yes	2 6 2 <b>9 -</b> 79
	If this production is commingled win COMPLETION DATA	th that from any other lease or pool,	give commingling order number:  New Weil Workover Deepen	Plug Back 'Same Res'v, Diff. Res'v.
	Designate Type of Completic		X	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	11-20-78 Elevations (DF, RKB, RT, GR, etc.)	3-22-79	12,841	12,550
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	3033' GR	Morrow	12,341	10,046 Depth Casing Shoe
	12 214 - 12 492			10,267
		<del></del>	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	620'	650 sx
	17-½'' 12-½''	13-3/8" 9-5/8"	2450'	1700 sx
	8-%"	7"	10.267'	1350 sx
		2-3/8"	10,046	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (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)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	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
	CAS WELL			100 1-6, PP
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	525	6	0	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Back pressure	<u> </u>	Packer	Automatic
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
	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.		APPROVED JUL 2	1679 19
			By W. a. Siessett	
	//		TITLE SUPERVISOR DISTRICT II	
	// .		11199	

Regulatory Clerk (Title)

(Date)

June 29, 1979

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.