

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE FILE	<input checked="" type="checkbox"/>
U.S.O.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

RECEIVED BY
JAN 24 1986
O&G P. AUTHORIZATION
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: HNG OIL COMPANY

Address: P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box):

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Salt Draw 2 Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Und. Salt Draw /Atoka/</u>	Kind of Lease State, Federal or Fee	Fee	Lease No. -
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u>					
Line of Section <u>2</u> Township <u>25S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>UPG Falco, A Division of UPG, Inc.</u>	<u>P. O. Box 20108, Shreveport, Louisiana 71120</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Llano, Inc.</u>	<u>P. O. Drawer 1320, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>3</u> Twp. <u>25S</u> Rge. <u>28E</u> Is gas actually connected? <u>NO</u> When <u>2-11-86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>1-27-85</u>	Date Compl. Ready to Prod. <u>6-27-85</u>	Total Depth <u>13,400</u>	P.B.T.D. <u>12,450</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>2989.9' GR</u>	Name of Producing Formation <u>Atoka</u>	Top Oil/Gas Pay <u>12,057</u>	Tubing Depth <u>2-3/8" at 10,472'</u>					
Perforations <u>12057 to 12079</u>	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	560	350 HLC & 200 CI C
12-1/4	9-5/8	2560	1200 HLC & 350 CI C
8-1/2	7	10815	850 HLC & 600 CI H
6-1/8	4-1/2 Liner	13400 TOL: 10449	350 CI H

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1000</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (prior, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>1150</u>	Casing Pressure (shut-in) <u>1400</u>	Choke Size <u>16/64"</u>

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Betty Gildon Betty Gildon
(Signature)
Regulatory Analyst
(Title)
January 22, 1986
(Date)

OIL CONSERVATION DIVISION

FEB 20 1986

APPROVED _____, 19____
BY Les A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.