

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
REGISTRATION OFFICE	1

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Replaces Old C-104 and C-11
RECEIVED

SEP 8 1979

O. O. O.
ARTERIA, OFFICE

Operator
HNG Oil Company

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

Reasons for filing (Check proper box) Other (Please explain)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Golden Lane 36 Federal	1	Golden Lane/Atoka/	State, Federal or Fee Federal	17425
Location				
Unit Letter	J	2080 Feet From The	South	Line and 1880 Feet From The
Line of Section	36	Township	20-S	Range
			29-E	NMNM, Eddy
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☐	or Condensate	☒	Address (Give address to which approved copy of this form is to be sent)
Basin, Inc.				Box 2297, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas	☐	or Dry Gas	☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company				Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range
	J	36	20S	29E
				Is gas actually connected?
				Yes
				When
				9-19-79

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-3-79	8-27-79	12,633'	12,549					
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3395' GR	Atoka	11,411	10,698					
Perforations			Depth Casing Shoe					
11,411 - 11,416			10,907					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
18-1/2"	16"	415'	500					
12-1/4"	9-5/8"	3859'	3300					
8-1/2"	7"	10,907'	350					
	4-1/2" Liner	10,695'-12,633'	290					

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	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	Length of Test	Boiler Condensate/MMCF	Gravity of Condensate
1700	24 Hours	20	40.2
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	3700	-	16/64"

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.

Betty A. Gildon
(Signature)

Betty A. Gildon

Regulatory Clerk

(Title)

September 18, 1979

(Date)

OIL CONSERVATION COMMISSION

SEP 8 1979

APPROVED

BY W. A. Gressett

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 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 multiple-