	NO. OF COPIES RELEIVED						
ŀ	DISTRIBUTION	NEW 457/100 OIL 60	NICEOVATION COMM	CELON	5 0.10.		
}	ANTA FE	NEW MEXICO SIL CO			Form C-104	Septem C-104 Superseds Old C-104 and C-110	
i		REQUEST F	OR ALLOWABLE		Effective L		
	ILE		AND		M.C.	Car e	
Ł	.s.g.s.	AUTHORIZATION TO TRAP	NSPORT OIL AND N	IATURAL GAS	S		
	LAND OFFICE		•		207 1 6	40.04	
	TRANSPORTER OIL GAS				OCT 1.6		
Ì	OPERATOR				4		
	PRORATION OFFICE				54 (1.34)	e e S	
1.	Operator						
	HNG OIL COMPANY Address						
	2. O. Box 2267, Midland, Texas 79702						
	Reason(s) for filing (Check proper box)						
	New Well XX	Change in Transporter of:	<u></u>				
	Recompletion	Oil Dry Gas	` <u> </u>				
	Change in Ownership	Casinghead Gas Conden	sate				
	If change of ownership give name						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND I	EASE					
	Lease Name	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.	
	Golden Lane 1 Federal	1 Wildcat Mor	row .	State, Federal o	r Fee Rederal	NM 26880	
	Location						
		720 Feet From The South Line	e and 1650	Feet From The	_e East		
	Unit Letter J : 4720 Feet From The South Line and 1650 Feet From The East						
	Line of Section 1 Township $21S$ Range $28E$, NMPM, $Eddy$ County						
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S			· · · · · · · · · · · · · · · · · · ·	
	Name of Amborized Transporter of GII The Remain Corp. CPI 011 Posini	or Condensate X	P. O. Box	to which approve	e copy of this form	is to be sent)	
	CPL OIL Posining I		P. O. Box 25	, Midland,	Texas 7077	277001	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address	to which approve	d copy of this form	is to be sent)	
	i		P. O. Box 1492	El Paso.	Texas 7997	'8	
	El Paso Natural Gas C	Unit Sec. Twp. Rge.	Is gas actually connect				
	If well produces oil or liquids, give location of tanks.	J 1 21S 28E	1/05		12-21-	81	
						<u> </u>	
11,	If this production is commingled wit	n that from any other lease or pool,	Rive committed atte				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
	Designate Type of Completion	on - (X)	4	1 1	i I	i	
		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Date Spudded		· ·				
	7-26-81	9-21-81	12,650'		12,540'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	3707' GR	Morrow	12,112'		11,997		
	Perforations	1			Depth Casing Shoe		
				12,625'			
	12,112-12,509	TUBING, CASING, AND	CEMENTING RECO	RD			
		CASING & TUBING SIZE	DEPTH S	1	SACKS	CEMENT	
	HOLE SIZE		481'		500		
	18-1/2"	16"			2400		
	12-1/4"	9-5/8" & 10-3/4			1275		
	8-3/4"	5"	12625'				
		2-3/8" Tubing	11997'				
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 (or full 24 hours)						
	OIL WELL	WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	ա, բաուբ, քաշ ււյլ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	v					- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Length of Test	Tubing Pressure	Cosing Pressure		Choke Size	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
						<u>81 83</u>	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF	1.5	
						·	
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MM	CF	Gravity of Conden	sate	
	1	24 hours	1		46.0		
	1400	Tubing Pressure (Shut-in)		t-in)	Choke Size	 	
	Testing Method (pitot, back pr.)		Casing Pressure (Shut-in)		25/64"		
	Back Pressure	3000	 		L	21011	
	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			SIUN	

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.					
Rotte De l'On Betty Gildon	1				
(Signature)					
Regulatory Analyst					
(Title)					
October 15, 1981					

(Date)

ION

APPROVE	W.a. Fress	. 19
TITLE	BULLE WAS DESTRICE	

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.