

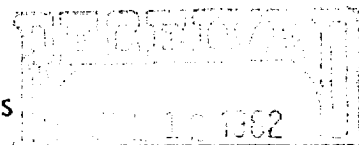
OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES OF FORMS RECEIVED		
DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	
OIL	<input checked="" type="checkbox"/>	
NATURAL GAS	<input checked="" type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
REGISTRATION OFFICE		



HNG Oil Company

Address

Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

PB from Morrow to Atoka

OCT 6 1982

O. C. D.

ARTESIA, OFFICE

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Golden Lane 1 Federal	1	Wildcat Atoka	State, Federal or Fed Federal	NM 26880
Location				
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

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)					
The Permian Corporation	Box 1183, Houston, Texas 77001					
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)					
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	1	21S	28E	Yes	reconnected 7-6-82

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		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
PB 6-28-82	7-1-82		12,650'			11,954'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3707' GR	Atoka		11,503'			11,400'		
Perforations				Depth Casing Shoe				
11,503' - 11,595'				12,625'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18-1/2"	16"	481'	500
12-1/4"	9-5/8 & 10-3/4"	3714'	2400
8-3/4"	5"	12625'	1275
	2-3/8" Tubing	11400'	

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	Bbls. Condensate/MMCF	Gravity of Condensate
2000	24 hours	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2700	Packer	Automatic

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

Regulatory Analyst

(Title)

July 9, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 25 1982, 19

BY
Supervisor

TITLE

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 multiply completed wells.