			FOR ALLOWABLE	Form C-104 Supersedfs Old C-104 and (-1) Effective 1-1-65	
AND AUTHORIZATION TO TRANSPORT OIL AND					
	LAND OFFICE		R	ECEIVED	
	TRANSPORTER GAS	ECEIVED	- •	-CEIVED	
	OPERATOR /	1111 5 1977	J	UN 22 10-	
X .	Operator		U.S. C.	~~ 19/7	
	HNG Oil Company B. B. C.		U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO		
	P.O. Box 2267, Midl			MEXICO	
	Reason(s) for filing (Check proper box) New Well X	Change in Transporter of:	Other (Please explain) Well was drille	and has been	
	Recompletion	Oil Dry Ga			
	Change in Ownership	Casinghead Gas Conder	nsate due to no pipel	ine connection.	
	If change of ownership give name and address of previous owner	til St.	end breken	ale da	
P 5911 . 0' 111 0					
Π.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.	
	Bowden 25 Federal Com.	1 B lack River (#	State, Federa	l or Fee Fed. NM-035318	
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line of Section 25 Township 24-S Range 26-E , NMPM, Eddy				rha Fast	
				County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to None Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to the second seco					
				ved copy of this form is to be sent)	
				ved copy of this form is to be sent)	
	Natural Gas Pipeline Co		122 S. Michigan Ave., Is gas actually connected?		
	li well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Yes	4-09-77	
	If this production is commingled wit	his production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio		X	1 1 2 1 1 	
	Date Spudded 2-23-73	Date Compl. Ready to Prod.	Total Depth 12.125'	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	5-15-73 Name of Producing Formation	Top Gil/Gas Pay	11,350' Tubing Depth	
	3362' GR	Atoka	11,210'	9,058' Depth Casing Shoe	
	Ferforations 11,210-11,220'			12.125'	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	431 '	450 SX	
	12-1/2"	10-3/4"	2164'	725 sx.	
	9-1/2"	7-5/8"	9200'	900 sx.	
v.	6-1/2" TEST DATA AND REQUEST F(5" OR ALLOWABLE (Test must be a	i <u>12,125</u> ^t fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
•••	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 allow able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	2-7/8" Tubing set @ 9058	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	
	Longth of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oll-Bbis.	Water-Bbls.	Gas-MCF	
				J. J. Martin	
	GAS WELL 31				
	Astus. Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	1085	24 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Elut-in)	Choke Size	
	Back Press.	3131	500	10 ¹ / ₂ /64	
M.	CERTIFICATE OF COMPLIANO	CE	-	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 ballef.		APPROVED MAR	1 7 1978	
			BY A Gressett SUPERVISOR, DISTRICT II		
	-ucies Doach Ouida Roach		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation, tests taken on the well in accordance with RULE 111.		
	(Signature)				
	Production Cle		All sections of this form must be filled out completely for allow- able 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.		
	4-12-77	······			
	(Do	ite)			