	DISTRIBUTION ANTA FE		CONSERVATION CON SION T FOR ALLOWABLE	Form C-104. SupersedingOld C-104 and C-1
	S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL (Effective 1-1-65
	TRANSPORTER OIL GAS /			RECEIVED
I.	PRORATION OFFICE Operator			APR - 6 1979
	HNG Oil Company			O. C. C.
	P.O. Box 2267, Mid. Reason(s) for filing (Check proper box		Other (Please explain)	ARTESIA, OFFICE
	New Well Recompletion	Change in Transporter of:		
	Change in Ownership		iensate 🗍	
	If change of ownership give name and address of previous owner	f-5981 5-1-7	9	
11.	II. DESCRIPTION OF WELL AND LEASE South Culebra Bluf alopa Lease Name Well No. Pool Name, Including Formation Kind of Lease			
	Williams 35 Com 1 South Galebra Black Atak State, Federal or Fee Face			
	Unit Letter C ; 66	O Feet From The North	ine and 2310 Feet From	
			8-E , NMPM, Eddy	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G		roved copy of this form is to be sent)
	Name of Authorized Transporter of Cas		Address (Give address to which app	roved copy of this form is to be sent)
•	El Paso Natural Gas	Company Unit Sec. Twp. Age.		Paso, Texas 79978
	give location of tanks.		Yes	3-28-79
IV.	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	, give commingling order number: New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic	Date Compl. Ready to Prod.	X Total Depth	
	12-14-78	2-23-79	13,100	P.B.T.D. 13,019
	Elevations (DF, RKB, RT, GR, etc.) 3016 GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 11,754	Tubing Depth 10,769
	Perforations 11,754-11,761			Depth Casing Shoe
			D CEMENTING RECORD	13,100
	17-1/2"	CASING & TUBING SIZE	506 '	SACKS CEMENT
	12-1/4"	9-5/8"	2505'	450 HLW & 200 C1C 1400 TLW & 300 C1C
	8-1/2"	7"	11,012'	850 TLW & 600 C1H
. v.	TEST DATA AND REQUEST FO	2-3/8" OR ALLOWARIE (Test must be	10,769'	i .
	OIL WELL Date First New Oil Run To Tanks	able for this d	epth or be for full 24 hours)	l and must be equal to or exceed top allow-
	Date First New Oil Fidm 10 1 duks	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 10-20-19
,	GAS WELL			
	Actual Prod. Test-MCF/D 900	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	NONE Casing Pressure (Shut-in)	NONE Choke Size
L	Back Pressure	5901	Packer	Automatic
VI.	CERTIFICATE OF COMPLIANC	E	OIL CONSERV	ATION COMMISSION
(I hereby certify that the rules and re Commission have been complied wi	ith and that the information given	APPROVED APR 1 8 1979 , 19	
1	above is true and complete to the	pest of my knowledge and belief.	SUPERVISOR, I	DISTRICT II
	Bittya. Sildon Betty A. Gildon		This form is to be filed in	compliance with RULE 1104.
-	(Signature) Regulatory Clerk (Title) 4-4-79		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,	
-				
-				
	(Date	e <i>)</i>	well name or number, or transporter, or other such change of condition.	