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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
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OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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SANTA FE, NEW MEXICO 87501

AUG - 6 1986

O. C. D.

REQUEST FOR ALLOWABLE  
AND

ARTESIA OFFICE

SUBMITTAL TO TRANSPORT OIL AND NATURAL GAS

Operator

HNG OIL COMPANY

Address

P. O. 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)

Effective 7/1/86

If change of ownership give name  
and address of previous owner

## 1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Williams 35 Com.	2	South Culebra Bluff Atoka	State, Federal or Fee Fee	17335
Location				
Unit Letter	K	1980	Feet From The south	Line and 1980
Line of Section	35	Township	23S	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)
UPG Falco, A Division of UPG, Inc.	Box 20108, Shreveport, LA 71120
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)
HNG OIL COMPANY	Box 2267, Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	C 35 23 28
Is gas actually connected?	When
Yes	10-24-79

If this production is commingled with that from any other lease or pool, give commingling order number:

## 2. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			Post ID-3					
			8-8-86					
			Chg LT:PER					

## 3. 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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 4. 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

August 5, 1986

(Date)

## OIL CONSERVATION DIVISION

AUG - 8 1986

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_  
Original Signed By  
Les A. ClementsTITLE \_\_\_\_\_  
Supervisor District 11

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 1, 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 filled for each pool in multiple completed wells.