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PRODUCTION OFFICE	

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JUN 24 1986

O. C. D.
ARTESIA OFFICE

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)

To add condensate gatherer

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Fate 34	Well No. 1	Pool Name, including Formation Und. South Culebra Bluff Wolfcamp	Kind of Lease State, Federal or Fee	Fee	Lease No. -
Location Unit Letter <u>N</u> ; <u>910</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u> Line of Section <u>34</u> Township <u>23S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County					

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> UPG Falco, A Division of UPG, Inc.	Address (Give address to which approved copy of this form is to be sent.) P. O. Box 20108, Shreveport, LA 71120					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 34	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When 6-18-86

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X				X		X
Date Spudded/Workover began 5-29-86	Date Compl. Ready to Prod. 6-19-86	Total Depth 12,355	P.B.T.D. 11,125					
Elevations (DF, RKB, RT, GR, etc.) 3038.4' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,606	Tubing Depth 2-3/8" at 9375'					
Perforations 10,606 to 10-655	Depth Casing Shoe 12,150'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	403	420
14-3/4"	10-3/4"	2430	2800
9-1/2"	7-5/8"	9890	2150
	5-1/2" Liner	12150 TOL: 9375'	300

4. 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)

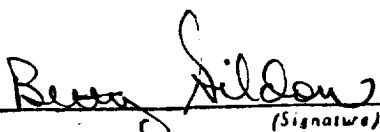
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1418	Length of Test 24 hours	Bbls. Condensate/MMCF 52	Gravity of Condensate 44.0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 5900	Casing Pressure (Shut-in) Sealed	Choke Size 8/64"

5. 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

June 23, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 16 1986, 19BY Original Signed By
Les A. ClementsTITLE Supervisor District II

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 multiple completed wells.