

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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DEC 9 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

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SANTA FE	
FILE	
U.S.O.E.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

HCW Exploration, Inc. ✓

Address

P. O. Box 10585, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED OR BURNED 2-1-82
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

Ex # 2-591 until April 1, 1982

Ex # 2-605 until June 1, 1982

Ex # 2-625 until Jan 2, 1983

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.
MWJ State	1-Y	Wildcat (Bone Spring)	State, Federal or Fee State	L-6425
Location				
Unit Letter	N	860 Feet From The South	Line and 2020	Feet From The West
Line of Section	30	Township 24 South	Range 29 East	NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	Drawer 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	30	24-S	29-E	No	

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

NA

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-12-81	10-3-81	8202'	8130'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
2926.6 GR	Bone Spring	6438'	6428'					
Perforations			Depth Casing Shoe					
6438' - 7735'			8202'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	429'	520 "C"
12 1/4"	8 5/8"	2710'	2500 "LW" + 200 "C"
7 7/8"	4 1/2"	8202'	765 "C" + 600 "LW" + 700 "C"

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.)	
10-5-81	12-1-81	Pumping 1 1/4" Rod Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	Pumping	30	NA
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	11	60	92

Tested ID 2
4-1-82
NCS
12-31-81

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

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.

Steve Douglas

Steve Douglas

Division Engineer

12-8-81

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1981

BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1.1.1.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviator
tests taken on the well in accordance with RULE 1.1.1.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.Separate Forms C-104 must be filed for each pool in multiple
completed wells.