

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501 APR 21 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

HNG OIL COMPANY /

Address

P. O. Box 2267, 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)

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.
Smith 10 Com	1	Und. Morrow	State, Federal or Fee Fee	-
Location				
Unit Letter	G	2310	Feet From The north	Line and 1980
		Feet From The east		
Line of Section	10	Township	24S	Range 27E
		, 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)	
The Permian Corporation	P. O. Box 1188, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Llano, Inc.	P. O. Drawer 1320, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	10
		24S
		27E
Is gas actually connected?	When	
No Yes	5-21-82	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2-22-82	4-16-82		12,550'		12,504'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth TX-87			
3128' GR	Morrow		11,710'		2-3/8" at 10,286'			
Perforations					Depth Casing Shoe			
11710' - 12482'					10,500'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-12/16"	13-3/8"	550'	525 HLC & 200 C1 C
12-1/4"	9-5/8"	2150'	400 C1 C & 1300 HLC
8-1/2"	7"	10500'	800 TLW & 525 C1 H
6-1/8"	4-1/2" Liner	12550' TOL: 10295'	425 C1 H

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)

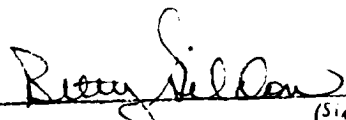
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
9000	24 hours	.22	35.0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	3825#	100	15/64"

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

April 19, 1982

(Title)

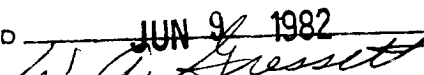
(Date)

OIL CONSERVATION DIVISION

APPROVED

JUN 9 1982

BY


SUPERVISOR, DISTRICT II

TITLE

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 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 filled for each pool in multiple
completed wells.