

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS/LEASES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

Operator  
**Ernie L. Hegwer**

Address  
P.O. Box 24, Hobbs, NM

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate  **Change of operator**

If change of ownership give name and address of previous owner  
Superior Oil Co. P.O. Box 1900 Midland, TX

I. DESCRIPTION OF WELL AND LEASE

Lease Name State 334	Well No. 2	Pool Name, Including Formation Eumont-Queen	Kind of Lease State, Federal or Fee State	Lease No. E-8241
Location Unit Letter <b>B</b> : <b>330</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b>				
Line of Section <b>3</b> Township <b>21-S</b> Range <b>35-E</b> , NMPM, <b>Lea</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Tex-New Mex Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Broadmoar Bldg. Hobbs, NM</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Pet. Co. GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Phillips Bldg. Bartlesville, OK 74004</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
	<b>G 3 21 35 Yes 1957</b>

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 Resist. Diff. Per.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.		
Elevations (DF, R.A.B, 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

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 (Shot-in)	Casing Pressure (Shot-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.

**Ernie L. Hegwer**  
(Signature)  
Owner  
(Title)  
June 23, 1981  
(Date)

OIL CONSERVATION DIVISION  
**JUL 6 1981**

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

BY **Jerry Sexton**  
Dist. 1, Supv.

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1.04.  
 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.

RECEIVED

JUN 24 1981

CONSERVATION DIV