STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CASINGHEAD GAS MUST NOT BE [illegible] 21-80 [illegible] EXCEPTION TO R-4070 IS OBTAINED.

I. Operator: Ernie L. Hegwer, Inc.

Address: 601 N. Shipp, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
- New Well [ ]
- Recompletion [X]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain): RE-ENTRY

If change of ownership give name and address of previous owner: JAKE L. HAMON #3

THIS WELL HAS BEEN PLACED IN THE POOL [illegible] IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Thomas	1	Eumont - 7 Rivers R-6274	State, Federal or Fee State	L4096

Location
Unit Letter M ; 760 Feet From The West Line and 4542.1 Feet From The North
Line of Section 4 Township 21-S Range 35-E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	Box 1183, Houston, TX
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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
					No	

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X					X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1965	12-1-79	3,912	

Elevations (DF, REL, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3671 D.F.	Eumont-7Rivers	3,864	3,881

Perforations	Depth Casing Shoe
3864 - 3884	4,160'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	1190'	1200 sks
13-3/8	9-5/8	150'	75 sks
9-5/8	5-1/2	4200'	250 sks

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-1-79	12-1-79	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24-hours	5#	3	
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
2	2	3	10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Ernie L. Hegwer, Inc.

Ernie L. Hegwer (Signature)
President
(Title)

12-19-79
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 21 1979, 19

BY [signature]

TITLE SUPERVISOR DISTRICT

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.

[illegible] must be filed for each pool in multi