

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 COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

Hexagon Oil and Gas Inc.

Address
905 Neil P. Anderson Bldg, 411 West 7th. St., Ft. Worth, TX 76102

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Designation of transporter of natural gas

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Sombbrero "MS" State	Well No. 2	Pool Name, Including Formation Kemnitz-Lower Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. LG-3819
Location Unit Letter C : 550 Feet From The North Line and 1980 Feet From The West	Line of Section 27	Township 16S	Range 33E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Southern Union Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 980, Hobbs, MN 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) 7408 Andrews Hwy, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit C Sec. 27 Twp. 16S Rge. 33E Is gas actually connected? Yes When 1-26-81

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 8-28-80	Date Compl. Ready to Prod. 10-30-80	Total Depth 11,730'	P.B.T.D. 11,629'
Elevations (DF, RKB, RT, GR, etc.) 4208' KB, 4194' GR	Name of Producing Formation Seman	Top Oil/Gas Pay 11,492'	Tubing Depth 11,454'
Perforations 11,495' - 11,453'	13 holes 3/8"	Depth Casing Shoe 11,687'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	3½ yds redi-mix
17½"	13-3/8"	335'	350 sx "C" 2% CC
12½"	8-5/8"	4493'	2200 sx Lite +200 sx "C"
7-7/8"	4½"	11,687'	600 sx "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 10-26-80	Date of Test 10-30-80	Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 hrs	Tubing Pressure 600 psi	Casing Pressure -0-
Actual Prod. During Test 216	Oil-Bbls. 216	Water-Bbls. -0-
		Choke Size 16/64"
		Gas-MCF 600

GAS WELL

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

J. Brent Johnson
(Signature)
Engineer
(Title)
1-26-81
(Date)

OIL CONSERVATION DIVISION

APPROVED Jerry Sexton, 10
BY Jerry Sexton
TITLE Dist. L. Supv.

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.
Form C-104 must be filed for each pool in multiply