

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hexagon Oil and Gas Inc.		Well API No. 30-025-27324
Address 1800 W. T. Waggoner Building, 810 Houston Street, Fort Worth, Texas 76102		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hexagon NM "28" State	Well No. 1	Pool Name, Including Formation Kemnitz - Lower Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. F-6666
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line Section 28 Township 16S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> AMOCO Trucking (WOTC)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001					
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, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 28	Twp. 16S	Rge. 33E	Is gas actually connected? Yes	When? 3/19/82

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

N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 9/03/81	Date Compl. Ready to Prod. 1/30/90		Total Depth 13,848		P.B.T.D. 13,000			
Elevations (DF, RKB, RT, GR, etc.) 4207.4 GR	Name of Producing Formation Lower Wolfcamp		Top Oil/Gas Pay 10,758		Tubing Depth 10,700			
Perforations 10,758' - 10,831'					Depth Casing Shoe 13,848			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8 48#		335'		450 sx. "C"			
12-1/4	8-5/8 24#		4,499'		500 sx. Lite "H"			
7-7/8	4-1/2 11.6#		13,848'		2450 sx. "H"			
	2-3/8" 4.7#		10,700'					

V. 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 Tank 3/13/90	Date of Test 3/15/90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 13 BO	Oil - Bbls. 13	Water - Bbls. 0	Gas - MCF 24

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

VI. OPERATOR 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.

Signature
John G. Burke
Printed Name
March 27, 1990
Date
Vice President
Title
817/870-1280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 3 1990

By
ORIGINAL SIGNED BY JERRY SEXTON
Title
DISTRICT I SUPERVISOR
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

