

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: DISTRICT OFFICE	
DISTRIBUTION	
SANTA FE	
FILE	
USE OF	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Hexagon Oil and Gas Inc.

Address  
411 W. 7th St., 905 Neil P. Anderson Bldg., Ft. Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" 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.
Hexagon NM "28" State	1	Maljamar Morrow	State, Federal or Fee State	F-6666
Location				
Unit Letter	I	Feet From The	South	Line and
				660
				Feet From The
				East
Line of Section	28	Township	16S	Range
				33E
				NMPM, Lea
				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)					
Amoco Trucking (WOTC)	P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	7408 Andrews Hwy, Odessa, Tx. 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	28	16S	33E	Yes	3-19-82

If this production is commingled with that from any other lease or pool, give commingling order number: No

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		XX				XX
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-3-81	9-4-82	13,848'	13,780'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4207.4' GR	Morrow	13,509'	13,380'					
Perforations			Depth Casing Shoe					
13,509'-13,516' & 13,528'-13,536'			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. Class "C"
12 1/4"	8 5/8" 24#	4499'	500 Sx. Lite "H"
7 7/8"	4 1/2" 11.6#	13,848'	2450 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	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
430	4 Hrs.	20	55
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pr.	4077	-0-	8/64"

## 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.

Harold E. Burke /Harold E. Burke  
(Signature)  
President

10-4-82

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 7 1982, 19BY JERRY SEXTON  
TITLE DISTRICT SUPR.

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.

Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

OCT 14 1982

O.C.R.  
MOBILE OFFICE