	OF COPIES N	EIVES	1	1		
1.	DISTRIBUTION			1		
	ANTA FE		1			
	ILE		1			
	.s.g.s.		AUTH			
	LAND OFFICE			1 2011		
	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
	PRORATION OF		1			
	Operator HNG Oil Company					
	P.O. Box 2267, Midland, Texa					
	Reason(s) for filing (Check proper box)					
	New Well	<u>X</u>		Change i		
	Recompletion			Cil		
		. –				

9/7/78

(Date)

110

	ANTA FE	NEW MEXICO OIL	CONSERVATION COMMISS N	- Form C-104				
ILE		- KEWOES	REQUEST FOR ALLOWABLE Superseds AND Effective					
	.s.g.s.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL					
	LAND OFFICE		TATORAL	GAS				
	TRANSPORTER OIL GAS							
	OPERATOR							
	PRORATION OFFICE							
	Operator							
	HNG Oil Company							
	B 0 B 0007							
	Reason(s) for filing (Check proper b							
New Well X Change in Transporter of: Recompletion Cil Dry Gas								
						Change in Ownership Casinghead Gas Congensate		
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AN	D. I. E. ACC						
	Lease Name	Well No. Pool Name, Including	Formation Kind of Leas	Se Legge No.				
	Shoe Bar Ranch Uni	t 3 1 Wildcat		alor Fee State				
	Location							
	Unit Letter C	Feet From The North	the and 1980 Feet From	The West				
		170	35 F					
	Line of Section 5	ownship 1/5 Range	, NMPM,	Lea County				
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS					
	Name of Authorized Transporter of C	or Condensate	Adaress (Give address to which appro	oved copy of this form is to be sent)				
	The Permian Corpora		Box 1183, Houston, Te	xas 77001				
	1	Casinghead Gas 🛣 or Dry Gas ne Company of America	Address (Give address to which appro	wed copy of this form is to be sent)				
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	122 S. Michigan Avenu	e - Chicago, Illinois 606				
	give location of tanks.	C 3 17S 35E	Yes	9 - 6-78				
	If this production is commingled v			3-0-76				
IV.	f this production is commingled with that from any other lease or pool, give commingling order number:							
	Designate Type of Completion - (X)							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth					
	2-21-78	4-24-78	13060	P.3.T.D.				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	12948 Tubing Depth				
	3968.4 GR Morrow			11039				
	Depth Casing Shoe							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	51040 0545				
	17-1/2	13-3/8	416	SACKS CEMENT 450 sx				
	12-14	9-5/9	5008	2000 sx				
	8-1/2	5-1/3	11020	200 sx				
37	8-1/2	4-15	13060	700 sx				
٧.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowed able for this depth or be for full 24 hours)							
į	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
ĺ	Length of Test	Tuping Pressure	Casing Pressure	Choke Size				
ŀ	Actual Prod. During Test	Cil - Bbls.	Packer Water-Bala.	Gas-MCF				
				Gus-MCF				
•								
_	GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Compared to AACE							
İ	351	Length of Test 4 hours	Bbis. Condensate/MMCF	Gravity of Condensate				
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	16.9 Casing Pressure (Shut-in)	53 Choke Size				
	Back Pressure	423.2 PSIA	Packer	5-13/64				
VI.	CERTIFICATE OF COMPLIAN	-1,,		IJON COMMISSION				
			CED 1 1 19	18 COMMISSION				
1	hereby certify that the rules and	regulations of the Oil Conservation	APPROVED DEF 11 "	, 19				
ì	shove is true and complete to th	with and that the information given e best of my knowledge and belief.	BY Stephen	Setten				
			CIXIDA	DISTRICT I				
,	η		TITLE SILPHY SOR DISTRICT					
	Settua. Dildon 1	Betty A.Gildon	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					
•		lature)						
_	Regulatory Clerk		tests taken on the well in accord	iance with RULE 111.				
_	(Ťi	itle)	All sections of this form must be filled out completely for allow-					

able 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.