HERGY AND MINERALS DEPARTMENT DISTRIBUTION SANTA FE FILE M.S.O.S. U.S.O.S. LAND OFFICE DIL

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

OPERATION PRONATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
HCW Exploration, I	Inc.						
P. O. Box 10585	Midland, Texas	79702)				
Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership X	2) Other (Please explain)				is change of operator ber 1, 1982.		
If change of ownership give name and address of previous owner	Adams Exploration (Midland,	Texas 79702)	
DESCRIPTION OF WELL AND	IFACE					-	
State "16"	Well No. Pool Name, Ir		Office Law	Kind of Lease State, Federa	or F•• State	V-0002	
Location L 165	50 Feet From The SOL	uth Lin	• and660	Feet From "	rh• West		
Line of Section 16 T.	mahip 20-S R	Range 3	36-E , NMF	1		County	
DESIGNATION OF TRANSPOR		'RAL GA	S Address (Give addres	s to which approx	ved copy of this for	m is to be seni;	
Northern Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) 400 Commercial Bank Bldg. Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	•	Rge. 36-E	No Y	•	Projected	1	
If this production is commingled wi COMPLETION DATA	ith that from any other lease	or pool,					
Designate Type of Completic		as Well	New Well Workover	Deepen	Plug Back Same	e Res'v. Dill. Res'v.	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	n -	Top Oil/Gas Pay		Tubing Depth		
Perforations			<u> </u>	 , .	Depth Casing Sho	•	
	TUBING, CAS	ING, AND	CEMENTING RECO	IRD	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
					ļ		
TEST DATA AND REQUEST FOOL WELL			ter recovery of total vo- oth or be for full 24 hou	•	and must be equal to	o or exceed top allow	
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas life		t, etc.j		
Length of Tost	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	OII-Bble.		Water-Bhis.		Gas - MCF		
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Cosing Pressure (Shut-in)		Choke Size		
CERTIFICATE OF COMPLIANCE	CE	ĺ	OIL (CONSERVAT	ION DIVISION		
I hereby certify that the rules and r Division have been complied with above is true and complete to the	and that the information gi	iven	APPROVED_	SEP 15 15	982		
Stud Douglas			TITLE OIL & GAS INSPECTOR				
			This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation.				
Steve A. Douglas - Division Engineer			tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells.				
September 10, 1982			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				
. 155	•	•				ch pool in multiply	