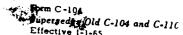
	40. OF COPIES N	!						
1.	DISTRIBUTION	1	П					
	ANTA FE		1					
	ILE							
	.s.g.s.							
	LAND OFFICE		<del> </del>					
	TRANSPORTER	OIL						
		GAS						
	OPERATOR			_				
	PRORATION OFF							
	Operator							
	HNG OIL COMPANY							
	Address							
	P. O. Box 2267, Midlar							
	Reason(s) for filing (Check proper box							
ı	New Well							
	Recompletion							
	Change in Ownership							

(Date)



	ANTA FE	NE	NEW MEXICO OIL CONSERVATION COMMISSION  REQUEST FOR ALLOWARD F						
	ILE		DIN ALLOWABLE Supersed			upergede int	d C-104 and C.		
	.S.G.S.	AUTHORIZ	AND Effective 1-1-65				65		
	<del></del>	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTER OIL	+							
	OPERATOR	+							
	PRORATION OFFICE	+							
1.	Operator Operator	<u> </u>							
	HNG OIL COMPANY								
	Address	······································							
	P. O. Box 2267 Mil	dland M	•						
	Reason(s) for filing (Check prope	P. O. Box 2267, Midland, Texas 79702  Reason(s) for filing (Check proper box)							
	Men Well Other (Please explain)								
	Recompletion								
	Change in Ownership	Change in Ownershi							
		Casinghead Ga	s Cond	iensate					
	If change of ownership give na and address of previous owner	me					<del></del>		
TT		-	, <u>;</u>						
41.	DESCRIPTION OF WELL A	ND LEASE	<u> 412 1 1/2</u>	<u>Langi</u> la di Propinsia	/· )	139 - 1			
		Well No. Pool	Name, including	Formation K	ind of Lease		1		
	Sims 35 State	1	Wildcat M	10 rrow St	ate, Federal or F	e a	Lease No.		
						State	JV-279_		
	Unit Letter B;	660 Feet From The	North	ine and 1980	S	_			
		-			reet From The	<u> East</u>			
	Line of Section 35	Township 20S	Range	35E , NMPM,	-				
	D. D. C.				Lea		County		
111.	DESIGNATION OF TRANSP Name of Authorized Transporter o	ORTER OF OIL AND	NATURAL G	AS					
		f Oil or Condens	sate X	Aidress (Give address to w	hich approved co	oy of this form is to	ha aa-a)		
	Pending			!		, -, -, -, -, -, -, -, -, -, -, -, -, -,	ve sent)		
	Name of Authorized Transporter of	Casinghead Gas or	Dry Gas X	Address (Give address to which approved copy of this form is to be sent)					
- 1	El Paso Natural Gas			P. O. Box 1492,	El Paso T	200.700.70	oe sent)		
- 1	If well produces oil or liquids,		Twp. P.ge.	Is gas actually connected?	When	- AdS /99/0			
I	give location of tanks.	B 35	20S 35E		1				
13/	If this production is commingled COMPLETION DATA	with that from any othe	er lease or pool.	give commingling order		<del></del>			
1V.	COMPLETION DATA			give comminging order nu	mber:				
	Designate Type of Comple	etion (Y)	Gas Well	New Well Workover I	Deepen Plug	Back   Same Resty	15.44 5		
1		4	X	X	!9	Some Mes.	Ditt. Resiv.		
	Date Spudded	Date Compl. Ready to	o Prod.	Total Depth	P.B.	- L	<u> </u>		
ļ	6-15-81	8-20-81		14,744'					
	Elevations (DF, RKB, RT, GR, etc	F, RKB, RT, GR, etc., Name of Producing Formation		Top Cli/Gas Pay Tubing Depth					
-	3679.9' GR Morrow		12,963'		,				
						12,020' 2-7/8"  Depth Casing Shoe			
F	12,963' - 13,192'					Depth Cusing Shoe			
-		TUBING	, CASING, AND	CEMENTING RECORD		· · · · · · · · · · · · · · · · · · ·			
-	HOLE SIZE	CASING & TU	BING SIZE	DEPTH SET	<del></del>				
Ļ	17-1/2"	13-3/8"		860'		SACKS CEME	NT		
L	12-1/4"	9-5/8"		5655'		700			
-	8-3/4"	7''				3450			
L	6-1/8"	4-1/2" Top of	Liner: 12	12320'		750			
V. 7	EST DATA AND REQUEST	FOR ALLOWARIE			723'	350			
	ML WELL		able for this de	ter recovery of total volume of pth or be for full 24 hours)	load oil and mus	t be equal to or exc	eed top allow-		
- [ '	Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pun					
L					.,/-, etc./		1		
1	ength of Test	Tubing Pressure		Cosing Pressure	Choke	Size			
_				•	Choke	SIZE			
1	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		(CE			
L		_			Gas - N	nCr			
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
	AS WELL		, i						
'	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF					
<u> </u>	48	24 hours		1	ľ	of Condensate			
	esting Method (pitot, back pr.)	Tubing Pressure (Shut	t-in)	Casing Pressure (Shut-in)		39.0			
R	ack Pressure	7022		_	1		į		
i. C	ERTIFICATE OF COMPLIA	VCE		<del></del>		64"			
				OIL CONS	ERVATION	COMMISSION			
1 1	nereby certify that the rules and	remitetions of the Oil	.	ABBBOLIES					
				APPROVED					
<b>a</b> b	ove is true and complete to the	ne best of my knowledg	ge and belief.	BY					
	$\cap$	$\cap$		TITLE			_		
	<b>13.</b> (1. (1. (1. (1. (1. (1. (1. (1. (1. (1.	Retty Gildon Betty Gildon			This form is to be filed in compliance with RULE 1104.				
	121th Account	Berry Gildo	n II	16 +bin in	11	-			
	Q (Sifi	rature)	<u>n</u>	If this is a request for well, this form must be as	COMPANIAG No 4		r deepened		
	Regulatory Analyst	rature)	on	If this is a request for well, this form must be actests taken on the well in	companied by a	tabulation of the	e deviation		
	Regulatory Analyst	rature)	on	If this is a request for well, this form must be as	companied by a accordance wi orm must be fill	tabulation of the	e deviation		

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.