

NO. OF COPIES RECEIVED	
DISTRIBUTION	
ANTA FE	
FILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-110
Effective 1-1-65

I.

Operator HNG OIL COMPANY		
Address P. O. Box 2267; Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Casinghead Gas MUST NOT BE PLACED UNDER ANY EXCEPTION TO R-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

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 San Simon 6 State	Well No. 2	Pool Name, including Formation San Simon Wolfcamp R-6810	Kind of Lease State, Federal or Fee State	Lease No. LC-893
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 6 Township 22S Range 35E , 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"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1142, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Pending	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 6
	Twp. 22S	Rge. 35E
	Is gas actually connected? No	
	When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-8-81	Date Compl. Ready to Prod. 7-29-81		Total Depth 11,515'		P.B.T.D. 11,413'			
Elevations (DF, RKB, RT, GR, etc.) 3601.1' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 11,122'		Tubing Depth 11,015'			
Perforations 11,122' - 11,200'					Depth Casing Shoe 11,515'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		1100'		1450			
12-1/4"	9-5/8"		5700'		3650			
8-3/4"	5"		11515'		1550			
	2-3/8" Tubing		11015'		-			

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)

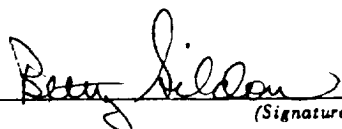
Date First New Oil Run To Tanks 7-29-81	Date of Test 8-1-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 27 barrels	Oil-Bbls. 27	Water-Bbls. 36	Gas-MCF 15

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature) Betty Gildon

Regulatory Clerk

(Title)


August 11, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY 

TITLE 

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.

Superseding Form C-104 must be filed for each well to maintain