

DISTRIBUTION
 SANTA FE
 FILE
 U.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
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Operator
 HNG Oil Company
 Address
 P.O. Box 2267, Midland, Texas 79702
 Reason(s) for filing (Check proper box)
 New Well ☒ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
 Other (Please specify): **CASINGHEAD GAS MUST NOT BE PLACED AFTER 5/1/79 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

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. **R-6005**

DESCRIPTION OF WELL AND LEASE
 Lease Name: Wilson 21 Federal Well No.: 1 Pool Name, including Formation: Comanche Stateline/Yates Kind of Lease: Federal Lease No.: NM 23199
 Location
 Unit Letter: N : 1650 Feet From The West Line and 330 Feet From The South
 Line of Section Sec. 21 Township 26-S Range 36-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ or Condensate ☐
 Basin, Inc. Address (Give address to which approved copy of this form is to be sent): P. O. Box 2297, Midland, Texas 79702
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
 None 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: N Sec.: 21 Twp.: 26-S Rge.: 36-E Is gas actually connected? _____ When: _____

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

COMPLETION DATA
 Designate Type of Completion - (X) ☒ Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
 Date Spudded: 12-28-78 Date Compl. Ready to Prod.: 2-8-79 Total Depth: 3340' P.B.T.D.: 3318'
 Elevations (DF, RKB, RT, GR, etc.): 2914' GR Name of Producing Formation: Yates Top Oil/Gas Pay: 3106' Tubing Depth: 3160'
 Perforations: 3113-3223 Depth Casing Shoe: 3340'
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 9-5/8" 1448' 950
8-1/2" 5-1/2" 3340' 750
2-3/8" 3160

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: 2-15-79 Date of Test: 2-16-79 Producing Method (Flow, pump, gas lift, etc.): Flowing
 Length of Test: 24 hours Tubing Pressure: 442 Casing Pressure: 497 Choke Size: 14/64
 Actual Prod. During Test: 54 Oil-Bbls.: 54 Water-Bbls.: 16 Gas-MCF: 92

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

I. 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.
 Betty A. Gildon
 (Signature)
 Regulatory Clerk
 (Title)
 2-23-79
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED MAR 7 1979, 19_____
 BY Jerry Seldon
 TITLE SUPERVISOR DISTRICT I
 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 Forms C-104 must be filed for each pool in multiply completed wells.