

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICE RECEIVED		
DISTRIBUTION		
BANTAGE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		
PROMOTION OFFICE		
CUSTODIAN		

HNG OIL COMPANY

Address

P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Oil

Dry Gas

Casinghead Gas

Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name Wilson 21 Federal	Well No. 2	Pool Name, including Formation Stateline Tansill Yates SRQ	Kind of Lease State, Federal or Fee	Federal	Lease No. NM 23199
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>west</u> Line and <u>330</u> Feet From The <u>south</u> Line of Section <u>21</u> Township <u>26S</u> Range <u>36E</u> , NMPM, Lea County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					8700 Tesoro Dr; San Antonio, Texas 78286	
Tesoro Crude Oil Company						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					Box 1492; El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	21	26	36	Yes	7-5-79

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

COMPLETION DATA

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	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

A. CERTIFICATE OF COMPLIANCE

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

Betty Lildon
(Signature)

Betty Gildon

Regulatory Analyst

(Title)

July 6, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 12 1982, 19

ORIGINAL SIGNED BY

BY JERRY SEXTON

TITLE DISTRICT 1 SUPP.

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 multiple completed wells.

RECEIVED

JUL 9 1982

OFFICE
HOLDS OFFICE