

6.	District
Hobbs	
7.	Lease Number. (Oil completions only)
NM 23199	
8.	Well Number
2	
9.	Identification Number (Gas completions only)
10.	County
Lea	

RECORD OF INCLINATION

[illegible]

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no

18. Accumulative total displacement of well bore at total depth of 3448 feet = 66.28 feet.

*19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe

20. Distance from surface location of well to the nearest lease line 330 feet.

21. Minimum distance to lease line as prescribed by field rules 330 feet.

22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No

(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION	OPERATOR CERTIFICATION
<p>Signature of Authorized Representative <u>Thomas C. Brown</u> Thomas C. Brown Name of Person and Title (type or print) <u>Tom Brown, Inc.</u> Name of Company Telephone: _____ Area Code _____</p>	<p>Signature of Authorized Representative <u>Betty A. Nelson</u> Regulatory Clerk Name of Person and Title (type or print) <u>H&W all company</u> Operator Telephone: <u>915</u> <u>683-4871</u> Area Code _____</p>

Subscribed and Sworn to before me on this 19 day of June 1979

Notary Public in and for Midland County, Texas

RECORD OF INCLINATION (Continued from reverse side)

211. Measured Depth (feet)

12. Course Length (Hundreds of feet)

13. Angle of Inclination (Degrees)

14. Displacement per
Hundred Feet
Ratio of Area (100)

15. Course Displacement (feet)

16. Accumulative Displacement (feet)

~~RECEIVED~~

~~JUN 26 1915~~

☐ If additional space is needed, attach separate sheet and check here.

REMARKS:

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. [Inclination surveys are required on re-entry of abandoned wells.] Inclination surveys must be made in accordance with the provisions of Statewide Rule

This report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion for the well (except Division Borehole).

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.

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

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

I.

Operator NG Oil Company	
Address P.O. Box 2267 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>3/8/79</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilson 21 Federal	Well No. 2	Pool Name, Including Formation Comanche Stateline, Yates	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>36 E</u> , NMPM, <u>Lea</u> 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"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 21
	Twp. 26S	Rge. 36E
	Is gas actually connected? <u>No</u> 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-24-79	Date Compl. Ready to Prod. 5-25-79		Total Depth 3500		P.E.T.D. 3300			
Elevations (DF, RKB, RT, GR, etc.) 2915' GR	Name of Producing Formation Yates		Top Oil/Gas Pay 3306		Tubing Depth 3139			
Perforations 3165 - 3253					Depth Casing Shoe 3493			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12- $\frac{1}{2}$ "	8-5/8"		1410'		1075			
7-7/8"	5-1/2"		3493'		450			
	2-3/8"		3139'					

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 6-8-79	Date of Test 6-9-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 191	Casing Pressure Packer	Choke Size 16/64"
Actual Prod. During Test 245	Oil-Bbls. 245	Water-Bbls. 32	Gas-MCF 125

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

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.

Betty A. Gildon Betty A. Gildon
(Signature)
Regulatory Clerk
(Title)
June 19, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 27 1979, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT 1

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.

UNITEL TATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICAT
(Other instructions on r.
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 23199
2. NAME OF OPERATOR HNG Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2267 Midland, Texas 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FWL & 330' FSL of Sec. 21		8. FARM OR LEASE NAME Wilson 21 Federal
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2915' GR		10. FIELD AND POOL, OR WILDCAT und. Commanche Stateline Yate:
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T26S, R36E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Casing test & Cement job <input checked="" type="checkbox"/>	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

4-29-79 5-1/2" casing set at 3493'
548' 15.5# K-55 ST&C
2945' 14# K-55 ST&C
Cemented w/150 sx HLW W/1/4#/sx Flocele and
300 sx ClC w/3#/sx salt mix at 14.8 ppg.
Pressure tested to 1000psi. WOC 20 hours.

RECEIVED

MAY 14 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

Betty A. Gildon Betty A. Gildon TITLE Regulatory Clerk

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

MAY 14 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED
JAN 17 1978
APPROXIMATELY

RECEIVED

JAN 17 1978

CH 21 1 00 PM

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 23199

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

HNG Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 2267 Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FWL & 330' FSL of Sec 21

7. UNIT AGREEMENT NAME

8. PAEM OR LEASE NAME

Wilson 21 Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT Und.

Comanche Stateline Yates

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 21, T26S R36E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2915' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐Casing Test & Cement Job ☒
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

4/24/79 Spud 1:45 p.m.

4/25/79 8-5/8" Csg. at 1410' 23#42 ST&C
Cemented w/825 sx HLW W/2% CaCl & 12#/sx Flocele
mix at 12.4 ppg & 250 sx Cl C 2% CaCl and
1/4#/sx Flocele mix at 14.8 ppg Circulated
pressure tested to 500 psi. WOC 18 hours.

RECEIVED

APR 30 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNATURE *Betty A. Gilden* Betty A. Gilden TITLE Regulatory Clerk

DATE 4/26/79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
APR 30 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 23199

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilson 21 Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT UND
Comanche Stateline Yates11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 21, T26S, R36E

12. COUNTY OR PARISH 13. STATE

Lea

NM

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

HNG Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 2267, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FWL & 330' FSL of Section 21

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2915' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Quantity of Cement
11"	8-5/8"	23#	1400'	1000 ^{CIRCULATE} sacks
7-7/8"	5-1/2"	15.5#	3350'	300 sacks

Pressure Control Program:

A double blow-out preventer and rotating head w/a choke manifold will be installed at the 8-5/8" casing setting point. The drill string will be equipped with a safety valve. All equipment will be tested to 3000 lbs. after installation.

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

Betty A. Gildon

TITLE Regulatory Clerk

DATE

April 20, 1979

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
APR 24 1979

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

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MAY - 1970

CLERK OF THE DISTRICT COURT
1000 10th St. N.W.
WASHINGTON, D.C. 20004

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 23199
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR HNG Oil Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 2267, Midland, Texas 79702		8. FARM OR LEASE NAME Wilson 21 Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 990' FWL 330 FSL of Section 21, Township 26S, Range 36E At proposed prod. zone Same		9. WELL NO. 2
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 7 miles S/W of Jal, New Mexico		10. FIELD AND DESIGNATED CAT Comanche Stateline Yate
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any) 330'	16. NO. OF ACRES IN LEASE 320	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, Township 26S, Range 36E
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 660'	19. PROPOSED DEPTH 3300	12. COUNTY OR PARISH Lea
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 2915' GR		13. STATE New Mexico
20. ROTARY OR CABLE TOOLS Rotary		22. APPROX. DATE WORK WILL START* 10-29-78

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	9-5/8"	36 lbs.	800'	600 sacks
8-3/4"	7"	20 lbs.	3300'	1000 sacks

Pressure Control Program:

A double blow-out preventer and rotating head w/a choke manifold will be installed at the 9-5/8" casing setting point. The drill string will be equipped with a safety valve. All equipment will be tested to 3000 lbs. after installation.

DRILLING OPERATIONS AUTHORIZED ARE
SUBJECT TO COMPLIANCE WITH ATTACHED
"GENERAL REQUIREMENTS"

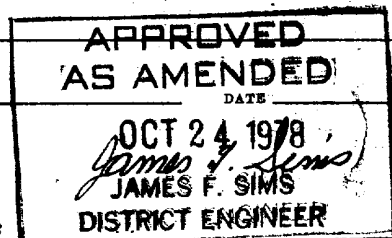
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. Betty A. Gildon Betty A. Gildon TITLE Regulatory Clerk DATE 9/18/78

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions On Reverse Side



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OCT 31 1978

CO. CONSERVATION COMM.
ROCKS, N. M.