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J.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 <i>HND Oil Co.</i>	
Address <i>Box 2267 Midland, Texas 79702</i>	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

Lease Name Wilson 21 Federal	Well No. 3	Pool Name, Including Formation Comanche Stateline Tansill Yates	Kind of Lease State, Federal or Fee Federal	Lease No. 23199
Location				
Unit Letter K ; 1800 Feet From The West Line and 1910 Feet From The South				
Line of Section 21 Township 26S Range 36E , NMPM, Lea County				

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) 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 Company	Address (Give address to which approved copy of this form is to be sent) 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 YES 9-21-79

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

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 7-21-79	Date Compl. Ready to Prod. 9-19-79	Total Depth 3797'		P.B.T.D. 3760'					
Elevations (DF, RKB, RT, GR, etc.) 2920' GR	Name of Producing Formation Tansill Yates	Top Oil/Gas Pay 3191		Tubing Depth 3407'					
Perforations 3191-3470		Depth Casing Shoe 3797'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		1417'		850				
7-7/8"	5-1/2"		3797'		700				
	2-3/8"		3407'						

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 9-21-79	Date of Test 9-24-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 280	Casing Pressure Packer	Choke Size 32/64"
Actual Prod. During Test 162	Oil-Bbls. 162	Water-Bbls. 16	Gas-MCF 220

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

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.	
<i>Betty A. Gildon</i> (Signature)	Betty A. Gildon
Regulatory Clerk (Title)	
September 26, 1979 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	OCT - 3 1979
BY	<i>John W. Runyan</i>
TITLE	Geologist
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.	

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