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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)	Other (Please explain)
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

Lease Name Wilson 21 Federal		Well No. 4	Pool Name, including Formation Comanche Stateline, Yates	Kind of Lease State, Federal or Fee Federal	Lease No. NM23199
Location					
Unit Letter L	990	Feet From The West	Line and 1650	Feet From The South	
Line of Section 21	Township 26S	Range 36E	NMPM, Lea	County	

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 L	Sec. 21	Twp. 26S	Rge. 36E	Is gas actually connected? YES
					When 10-5-79

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

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-2-79	Date Compl. Ready to Prod. 10-3-79	Total Depth 3575		P.B.T.D. 3544					
Elevations (DF, RKB, RT, GR, etc.) 2918' GR	Name of Producing Formation Tansill Yates	Top Oil/Gas Pay 3154		Tubing Depth 3084					
Perforations 3154-3488	Depth Casing Shoe 3575'								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		1415'		850				
7-7/8"	5-1/2"		3575'		700				
	2-3/8"		3084 3499		(See Correction)				

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 10-3-79	Date of Test 10-8-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 200	Casing Pressure Packer	Choke Size 42/64"
Actual Prod. During Test 200	Oil-Bbls. 200	Water-Bbls. 15	Gas-MCF 125

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		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>OCT 11 1979</u> , 19	
Betty A. Gildon (Signature) Regulatory Clerk		BY <u>[Signature]</u> TITLE <u>SUPERVISOR DISTRICT 1</u>	
October 8, 1979 (Date)		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 Form C-104 must be filed for each well in multiple	