

DISTRIBUTION			
ANTA FE			
ILE			
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 <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

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilson 21 Federal	Well No. 7	Pool Name, including Partition Comanche Stateline Tansill Yates R-6318	Kind of Lease State, Federal or Fee Federal	Lease No. NM 2319
Location				
Unit Letter C	2000	Feet From The West	Line and 660	Feet From The North
Line of Section 21	Township 26S	Range 36E	NMPM, Lea	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 Company	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 N	Sec. 21	Twp. 26S	Rge. 36E
	Is gas actually connected?		When	
	Yes		3-18-80	

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 2-15-80	Date Compl. Ready to Prod. 3-11-80		Total Depth 3700'		P.B.T.D. 3665'			
Elevations (DF, RKB, RT, GR, etc.) 2933' GR	Name of Producing Formation Tansill Yates		Casinghead Gas 3590'		Tubing Depth 3414'			
Perforations 3590-3658					Depth Casing Shoe 3700'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1409'		600 HLW & 350 C1C			
7-7/8"	5-1/2"		3700'		450 HLW & 225 C1C			
	2-3/8"		3414'					

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 3-18-80	Date of Test 3-19-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure Packer	Choke Size 3/4" open choke
Actual Prod. During Test 85 bbls	Oil-Bbls. 85	Water-Bbls. 4	Gas-MCF 15

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

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)  
April 1, 1980  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED APR 1 1980  
BY Jerry L. Smith  
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.  
Form C-104 must be filed for each well in compliance

RECEIVED

APR 3 '80

OIL CONSERVATION DIV.