

OIL CONSERVATION DIVISION  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                       |   |
|-----------------------|---|
| NO. OF COPIES ORDERED |   |
| DISTRIBUTION          |   |
| SANTA FE              |   |
| FILE                  |   |
| M.S.D.S.              |   |
| LAND OFFICE           |   |
| TRANSPORTER           | OIL <input type="checkbox"/> GAS <input type="checkbox"/> |
| OPERATOR              |   |
| PRODUCTION OFFICE     |   |

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 type="checkbox"/>            | Change in Transporter of:   | Effective 2/1/86 |
| Recompletion <input type="checkbox"/>        | Oil <input checked="" 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 \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

|   |                      |  |   |                              |
|---|----------------------|--|---|------------------------------|
| Lease Name<br><b>Wilson 21 Federal</b>  | Well No.<br><b>8</b> | Pool Name, including Formation<br><b>Stateline Tansill Yates SRQ</b> | Kind of Lease<br><b>State, Federal or Fee Federal</b> | Lease No.<br><b>NM 23199</b> |
| Location<br>Unit Letter <b>D</b> : <b>990</b> Feet From The <b>west</b> Line and <b>630</b> Feet From The <b>north</b><br>Line of Section <b>21</b> Township <b>26S</b> Range <b>36E</b> , 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"/><br><b>UPG Falco, A Division of UPG, Inc.</b>  | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 20108, Shreveport, Louisiana 71120</b> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>El Paso Natural Gas Company</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 1492, El Paso, Texas 79978</b>         |
| If well produces oil or liquids, give location of tanks.   | Unit <b>E</b> Sec. <b>21</b> Twp. <b>26</b> Rge. <b>36</b><br>Is gas actually connected? <b>Yes</b> When <b>4-28-80</b>         |

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

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

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE (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 | 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

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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            |

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 Gildon*  
 (Signature) Betty Gildon

Regulatory Analyst

(Title)

1/20/86

(Date)

OIL CONSERVATION DIVISION

**JAN 24 1986**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON

TITLE \_\_\_\_\_ DISTRICT I SUPERVISOR

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 deviate 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  
JAN 23 1986  
C.S.D.  
HOBBS OFFICE