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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 checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilson 21 Federal	Well No. 8	Pool Name, including Formation Comanche Stateline Tansill	Kind of Lease State, Federal or Fee Federal	Lease No. NM 23199
Location Yates				
Unit Letter D ; 990 Feet From The West Line and 630 Feet From The North				
Line of Section 21 Township 26S Range 36E , NMFM, 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) Box 2297, Midland , Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> ElPaso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, ElPaso, 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		4-28-80		

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-21-80	Date Compl. Ready to Prod. 4-28-80		Total Depth 3700'		P.B.T.D. 3578'			
Elevations (DF, RKB, RT, GR, etc.) 2943' GR	Name of Producing Formation Tansill Yates		Top Oil/Gas Pay 3224'		Tubing Depth 3402'			
Perforations 3224' - 3504'					Depth Casing Shoe 3700'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1420'		875 sacks			
7-7/8"	5-1/2"		3700'		675 sacks			
	2-3/8" Tubing		3402'					

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 4-28-80	Date of Test 5-8-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test 45 barrels	Oil - Bbls. 45	Water - Bbls. 8	Gas - MCF 8

GAS WELL

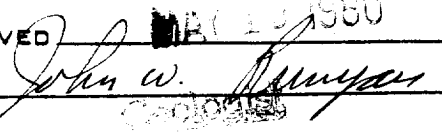
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)  
May 13, 1980  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19  
BY  
TITLE

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.