	DISTRIBUTION ANTA FE ILE S.G.S. LAND OF FICE	REQUEST	ORSERVATION COMMIS 4 FOR ALLOWABLE AND . NISPORT OIL AND NATURA	Form C-194 Superseder Old C-104 and C-111 Effective 1-1-65
1.	IRANSPORTER OIL   GAS   OPERATOR   PRORATION OFFICE   Operator   HNG Oil Company   Address   P. O. Box 2267, Mic   Reason(s) for filing (Check proper box, New Well   Recompletion		a a	
	Change in Ownership If change of ownership give name and address of previous owner		.sate [] [	
11.	DESCRIPTION OF WELL AND	LEASE	R-6328	
	Lease Name Wilson 8 Federal Location	• *		ease Lease No derai of Fee Federal NM 18644
	Unit Letter <u> </u>	80 Feet From The North Lin	e suit 1980 Feat Fr	om The East
	Line of Section 8 Tow	unship 268 Range	36E , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Basin, Inc.	IER OF OIL AND NATURAL GA	Address there address to which ap	proved copy of this form is to be sent) 1, Texas 79702
	Name of Authorized Transporter of Cas El Paso Natural Ga	inghead Gas 🗙 – or Dry Gas 🔤 S CO.	Box 1492, El Pasc	pproved copy of this form is to be sent) D, Texas 79978
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Hare.	is reconcil, connected?	<sup>When</sup> 3-9-80
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give constingling order number:	
	Designate Type of Completio	n - (X) X	X Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Date Spudded 1-27-80	3-9-80	Tetal Depth 3850	P.B.T.D. 3781'
	Elevations (DF, RKB, RT, GR, etc.) 2973' GR	Name of Producing Formation <b>%</b> Tansill <b>4 /27es</b>	1 Tapen to 2014 COV	Tubing Depth 3181
	Perforations       3198 - 3302 & 3462 - 3566     Depth Casing Shoe			Depth Casing Shoe 3832'
	TUBING, CASING, AND C		CEPENTING RECORD	SACKS CEMENT
	11"	8-5/8''	1405'	600 HLW & 350 C1C
	7-7/8''	5-1/2"	3832'	450 HLW & 225 C1C
v	TEST DATA AND REQUEST E	<b>DR ALLOWABLE</b> (Test must be a)	ter recovers of total valume of load	ail and must be equal to or exceed top allow-
••	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 of able for this depth or be for full 24 hours)     OIL WELL   Date of Test     Date First New Oil Run To Tanks   Date of Test			
	3-9-80	3-10-80	Pump	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hours Actual Prod. During Test	 Oil-Bbls,	Packer	Gas-MCF
	35 bbls.	35	42	13
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Caeing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANC	CE	OIL CONSER	VATION COMMISSION
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAT	, 19
	Commission have been complied w above is true and complete to the	ith and that the information given	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 weil; 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 allow- able on now 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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		Helden We Betty A. Gildon		
	(Til) March 12, 1980	le)		
	(Dat	e)		