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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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. R-6476

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilson 9 Federal	Well No. 6	Pool Name, Including Formation Tansill Yates Sioux Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. NM 18644
Location Unit Letter <u>N0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>26S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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 L	Sec. 9	Twp. 26S	Rge. 36E	Is gas actually connected? Yes	When 7-14-80

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-28-80	Date Compl. Ready to Prod. 7-14-80		Total Depth 3650'		P.B.T.D. 3604'			
Elevations (DF, RKB, RT, GR, etc.) 2944' GR	Name of Producing Formation 7 Rivers Tansill Yates		Top Oil/Gas Pay 3227'		Tubing Depth 3250'			
Perforations 3512' - 3553' (Seven Rivers) and 3227' - 3416' (Tansill Yates)					3650'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1405'		600 HLW & 250 CIC			
7-7/8"	5-1/2"		3650'		450 HLW & 225 CIC			
	2-3/8" Tubing		3250'					

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 6-11-80	Date of Test 8-6-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 25 barrels	Oil-Bbls. 25	Water-Bbls. 78	Gas-MCF TSTM

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 Betty A. Gildon
(Signature)
Regulatory Clerk
(Title)
August 8, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 13 1980, 19
BY [Signature]
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.