

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.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

I.

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|---|--|-----------------------|
| Lease Name Wilson 21 Federal | Well No. 6Y | Pool Name, Including Formation Comanche Stateline Tansill Yates | Kind of Lease State, Federal or Fee Federal | Lease No. NM 23199 |
| Location | | | | |
| Unit Letter <u>E</u> ; <u>890</u> Feet From The <u>West</u> Line and <u>1700</u> Feet From The <u>North</u> | | | | |
| Line of Section <u>21</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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Basin, Inc. | Box 2297, Midland, Texas 79702 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| El Paso Natural Gas Company | Box 1492, El Paso, Texas 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit <u>E</u> | Sec. <u>21</u> | Twp. <u>26S</u> | Rge. <u>36E</u> | Is gas actually connected? <u>Yes</u> | When <u>5-22-80</u> |

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 4-1-80 | Date Compl. Ready to Prod. 5-8-80 | | Total Depth 3750' | | P.B.T.D. 3693' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 2934' GR | Name of Producing Formation Tansill Yates | | Top Oil/Gas Pay 3146' | | Tubing Depth 2993' | | | |
| Perforations 3146'- 3503' | | | | | Depth Casing Shoe 3742' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8-4/8" | | 1500' | | 200 C1 C | | | |
| | | | DV Tool at 773' | | 600 BJ Lite & 50 C1 C | | | |
| 7-7/8" | 5-1/2" | | 3742' | | 450 HLW & 225 C1 C | | | |
| | 2-3/8" Tubing | | 2993' | | 3111 (See Correction) | | | |

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 4-19-80 | Date of Test 5-30-80 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hours | Tubing Pressure 290# | Casing Pressure Packer | Choke Size 16/64" |
| Actual Prod. During Test 142 barrels | Oil-Bbls. 142 | Water-Bbls. 20 | Gas-MCF 285 |

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)

June 3, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 6 1980, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT

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.

Supersede Form C-104 must be filed for each well to maintain