

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF EXPIRATION	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.E.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

HNG OIL COMPANY

Address
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Madera 29 Federal	Well No. 1	Pool Name, Including Formation Pitchfork Ranch Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM 16139
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>south</u> Line and <u>1650</u> Feet From The <u>east</u> Line of Section <u>29</u> Township <u>24S</u> Range <u>34E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>29</u> Twp. <u>24S</u> Rge. <u>34E</u> Is gas actually connected? <u>No</u> When

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.
		X	X					
Date Spudded 1-21-83	Date Compl. Ready to Prod. 4-17-83	Total Depth 15,290'	P.B.T.D. 15,075'					
Elevations (DF, H&B, RT, GR, etc.) 3500' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 14894'	Tubing Depth w/PBR 2-7/8" at 12,967'					
Perforations 14894' - 14944'	Depth Casing Shoe 13,210'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	600'	575
12-1/4"	9-5/8"	5200'	3375
8-3/4"	7"	13210'	925
6-1/8"	4-1/2" Liner	15290' TOL: 12968'	475

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 3600	Length of Test 24 hours	Bbls. Condensate/MMCF 1.6	Gravity of Condensate 30.0
Testing Method (p-top, back pr.) Back Pressure	Tubing Pressure (Shut-in) 6800	Casing Pressure (Shut-in) -	Choke Size 11/64"

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)

Regulatory Analyst

April 20, 1983

(Date)

OIL CONSERVATION DIVISION

AUG 25 1983

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED
APR 25 1983
U.S. CUSTOMS OFFICE