. 1 ŧ	STATE OF DEVY MICHIGU HGY AND MINI HALS DEPARTMENT					Form C-104 Revised 10-1-78	
	P. O. BOX 2000					-	
	SANTA FE, NEW MEXICO 87501						
	1 4.0.0 0 FIC F						
	TRANSPORTER OIL		ND				
ų	OPERATOR PROBATION OPPICE	AUTHORIZATION TO TRANS.	PORT OIL AND NATU	IRAL GAS			
••	Cperator						
	HNG OIL COMPANY						
	P. O. Box 2267, Midland, Texas 79702						
	Reason(s) for filing (Check proper box) New Wall (XX) Change in Transporter of:						
New Well AA Change in Transporter of: Recompletion Cil Dry Gas							
	Change in Ownership	Casinghead Gas Conder					
	If change of ownership give name						
	and address of previous owner				······································		
:.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F		Kind of Lease			
	Madera 32 State <u>2 Pitchfork Ranc</u>			State, Federal	.	LG-359	
	Unit Letter J : 1650 Feet From The SOUTH Line and 1980 Feet From The east						
	Line of Section 32 To	waship 24S Range	34E . NMPN	ι, <u>L</u>	ea	County	
						•	
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
					ha cant l		
	Pictre of Authorized Transporter of Co Transwestern Pipeline C	P. O. Box 2521		ed copy of this form is to . Texas 77002	oe sentj		
	If well preduces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connect				
	give location of tanks. NO NO If this production is commingled with that from any other lease or pool, give commingling order number:						
-	COMPLETION DATA						
	Designate Type of Completi		New Well Workover	i i		,	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	10-5-83 Elevations (DF, RKB, RT, GR, etc.)	1-27-84	15,160' Top Oll/Gas Pay		15,080' Tubing Depth		
	3431.5' GR Morrow		15,020'		2-7/8" at 14033'		
	Perforations 15,020 - 15,026.	Depth Casing Shoe 13,350 '					
			D CEMENTING RECORD				
	HOLESIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEM	ENT	
	17-1/2"	<u>13-3/8"</u> <u>9-5/8"</u>	<u> </u>		<u>515</u> 2475		
	8-3/4"	7"	13350'	· · · · · · · · · · · · · · · · · · ·	1200		
	** 6-1/8"	15-1/2" Liner at 14,338'	iTOL: 11,189'		300		
•	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volu tpth or be for full 24 hour	.me of load oll (s)	and must be equal to or ex		
	Dute First New Oil Run To Tanks Date of Test Producing Method (Fi				i, e(c.)		
	Length of Test	Tubing Pressure	Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choxe Size		
	Actual Fred, During Test	Oil-Bbis.	Water + Bbls.		Gas-MCF		
			. <u></u>		<u> </u>		
	GAS WELL		Bbls. Condensate A.M.C	F	Gravity of Condensate		
	Actual Frod. 1.001-MCF/D 4400	Length of Test 24 hours	0		-		
	leeting Method (pitot, back pr.)	Tubing Presswe (Shut-in)	Cosing Pressue (Shut	-in)	Choke Size		
	Back pressure		Sealed				
	CURTIFICATE OF COMPLIAN	CE		JUN 29	ion division 19 84		
	I hereby certify that the rules and	APPROVED	APPROVED, 19				
	Division have been complied with above is true and complete to th	BY Zadie W. Seay					
		TITLE	TITLE				
		This form is to	This form is to be filed in compliance with MULE 1104.				
	Botting Ailo	If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati					
	Betty <u>Gildon, Regula</u>	lests taken on the	tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for slic				
	(1)	able on new and recompleted wells.					
February 23, 1984			Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi				
	41	,	Separate Form	. C-104 must	the filed for each po	ol in multi	
	** 4-3/4" Hole set 3-1	/2" Liner at 15,148' with	i TOL: at 13,998	' using 20	00 sacks.		
