

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
HNG OIL COMPANY	
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input 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"/>	Coalinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Other (Please explain) Effective 2/1/86	
If change of ownership give name and address of previous owner _____	

2. DESCRIPTION OF WELL AND LEASE				
Lease Name Bell Lake 2 State	Well No. 1	Pool Name, including Formation Vaca Draw Morrow	Kind of Lease State, Federal or Fee	Lease No. L-5114
Location				
Unit Letter H	: 660	Feet From The east	Line and 1980	Feet From The North
Line of Section 2	Township 25S	Range 33E	NMPM,	Lea County

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
UPG Falco, A Division of UPG, Inc.		P. O. Box 20108, Shreveport, Louisiana 71120		
Name of Authorized Transporter of Coalinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Transwestern Pipeline Company		P. O. Box 2521, Houston, Texas 77001		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2	Twp. 25	Rge. 33
			Is gas actually connected? Yes	When 9-25-81

If this production is commingled with that from any other lease or pool, give commingling order number: _____									
4. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

5. 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 all able 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

6. GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

7. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED <u>JAN 24 1986</u> , 19__	
<u>Betty Gildon</u> (Signature) Betty Gildon Regulatory Analyst		BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u> DISTRICT 1 SUPERVISOR	
1/20/86 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 own well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply recompleted wells.	

RECEIVED  
JAN 23 1986  
O.C.  
HOBBS OFFICE