	NO. OF COPIES RECEIVED		<i>.</i> ^.		
	DISTRIBUTION				
	SANTA FE			Form C-104	
	FILE		AND	Supersedes Old C-10s and C Effoctive 1-1-65	
	U.S.G.S.				
	LAND OFFICE		IN THE AND NATURA	AL GAS	
	IRANSPORTER OIL GAS				
	OPERATOR				
1.	PRORATION OFFICE		·······		
	HNG OIL COMPANY				
	P.O. BOX 2267, MIDLAND, TEXAS 79702				
	Reason(s) for 1-ling (Check proper bo	DLAND, TEXAS 79702		·	
	New Well X	Change in Transporter of:	Other (Please explain)		
	Recompletion		Gas	•	
	Change in Ownership				
	If change of ownership give name		······································		
	and address of previous owner				
11.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including	Formation Kind of L	ease	
	BELL LAKE 2 STATE	1 VACA DRAW MC		deral or Fee STATE L-5114	
	Lecation		9-1-81		
	Unit Letter <u>H</u> ; 660) Fect From The <u>EAST</u> L	ine and <u>1980</u> Feet Fr	om The <u>NORTH</u>	
	Line of Section 2 To	wnship 25S Range	33Е , МИРМ,	LFA County	
***	DESIGNATION OF TRANSPOR	TED OF OIL AND MATTINAL C			
	Name of Authorized Transporter of Cil			proved copy of this form is to be sent)	
		<i>0</i>			
	Nome of Authorized Transporter of Car PENDING	singhead Gas or Dry Gas X	Address (Give address to which ap	proved copy of this form is to be sent)	
	Jun	Unit Sec. Twp,/ P.ge.	Is gas actually connected?	When	
	If well produces oil or liquids, give location of tanks.		NOULA	9/25/81	
1	If this production is commingled wi	th that from any other lease or pool	, give commingling order number:		
IV.	COMPLETION DATA OII Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty				
	Designate Type of Completion	n = (X)	X	Plug Back Same Resty, Diff. Resty	
ł	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	12-14-80	4-14-81	15,810	15,635	
[Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Deptn	
ł	3465' GR Perforations	MORROW	15157	2-7/8" at 13,054' Depth Casing Shoe	
	15,380-15,458'			13280'	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
L	17-1/2"	13-3/8"	576'	550	
Ļ	12-1/4"	9-5/8"	5061'	3400	
-	8-/12"	7"	13280'	1050	
	6-1/8"	4-1/2" LINER	15809' TOL: 13017'	500	
	If EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow 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 Prossure	Choke Size	
-	Actual Prod. During Test	Qil-Bbls.	Wate: - Bble.	Gas-MCF	
_			•	<u> </u>	
C	GAS WELL				
-	Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	1100	24 HOURS	0	0	
	Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Prossure (Shut-in) 6400	Cosing Prossure (Shut-20) SEALED	Choke Size 12/64"	
		· · · · · · · · · · · · · · · · · · ·	1		
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with end that the information given above is true and complete to the beat of my knowledge and belief.			OIL CONSERVATION COMMISSION		
					Orig. Signed by
			Jerry Sexton		
				•	
I	$D = c \hat{\lambda} i h \partial_{-} \lambda$		This form is to be filed in	compliance with RULE 1104.	
	Selly a. Millon	lu . Millon		If this is a requisit for allowable for a newly drilled or despend	
_	(Signat	ure)	well, this form must to accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
REGULATORY CLERK			All sections of this form must be filled out completely for allow-		
	(Title 6-15-91	;)	able on naw and recompleted walls.		
•	6-15-81 (Date		Fill out only Sections I, 1 well name or number, or transpose	II. III, and VI for changes of owner, eter, or other such change of condition.	
			Separate Forms C-104 must be filed for each pool in multiply		

Separ