

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
HNG OIL COMPANYAddress
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Vaca Draw 16 State	Well No. 1	Pool Name, Including Formation Wildcat Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. L-6328
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>25S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

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)
Basin, Inc.	P. O. Box 2297, Midland, Texas 79702
Name of Authorized Transporter of Casinghead 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)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 16 25S 33E	Yes 2-25-82

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		X
Date Spudded PB 2-16-82	Date Compl. Ready to Prod. 2-25-82	Total Depth 16,075'	P.B.T.D. 13,816'					
Elevations (DF, RKB, RT, GR, etc.) 3416' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 13,714'	Tubing Depth 2-7/8" at 12,969'					
Perforations 13,714 - 13,719 and 13,746 - 13,753			Depth Casing Shoe 13,253'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	560'	550
12-1/4"	9-5/8"	4924'	3400
8-1/2"	7"	13253'	1050
6-1/8"	4-1/2" Liner	16072' TOL: 13006'	600

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)

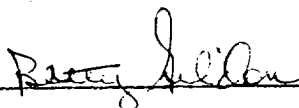
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 520	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (shut-in) 2200	Casing Pressure (shut-in) -	Choke Size 14/64"

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

(Title)

March 16, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 22 1982, 19

BY

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 recompleted wells.

RECEIVED

MAR 18 1982

C.C.D.
HOBBS OFFICE