134	GIATE OF MENT MEXICO INGY ANN MINEHALS DEPARTMENT	• · · · · · · · · · · · · · · · · · · ·		•	Form C-1 Ravisad	1 C	
						10-1-78	
	BANTA FE SANTA FE, NEW MEXICO 87501						
	LAND UPPILE						
	74445PUNTER 016						
ł.		AUTHORIZATION TO TRANS	PORT OIL AND NA	TURAL GAS			
۰.	Clainiot					······	
	HNG OIL COMPANY						
	P. O. Box 2267, Midland, Texas 79702						
•	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Change in Transporter of: Recompletion Cil Dry Cas Effective 2/1/86						
	Change In Ownership	Casinghead Gas 🗌 Conde					
	If change of ownership give name		·	į	•		
	and address of previous owner						
1.	DESCRIPTION OF WELL AND						
	Levee Name Diamond 6 Federal	Well No. Pool Name, Including F 1 Pitchfork Ranc		Kind of Lease State, Fodera	or Foo Federal	NM 1449	
	Location				icuciai	<u>J mi 144</u>	
	Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u>						
	Line of Section 6 To	waship 255 Bange	34E . N	4PM.	Lea	County	
			······································				
•	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil [] or Condensate [] Address (Give address to which approved copy of this form is to be sent)						
	UPG Falco, A Division of	P. O. Box 20108, Shreveport, Louisiana 71120					
	Nome of Authorized Transporter of Casinghead Ges or Dry Gas K Transwestern Pipeline Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, Texas 77002				
	If well produces oil or liquids,	Unit Sec. Twp. Bge.		Is gas actually connected? When			
	give location of tents. G 6 25 34 Yes 2-22-83						
	If this production is commingled wi COMPLETION DATA	ith that from any other lease or pool,	give commingling o	rder number:	•	······	
••	Designate Type of Completi	on - (Y)	New Well Workow	er Deepen	Plug Back Same Res	s'v. Diff. Res'	
	Designate Type of Complete	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	"ame of Producing Formation	Top Oil/Gas Pay	÷	Tubing Depth		
	Perforations	<u></u>	<u> </u>	······	Depth Casing Shoe	<u>.</u>	
1	·			l			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING REC		SACKS CEN	AENT	
i							
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fer recovery of total	volume of load oil o	ind must be equal to or	exceed top allo	
i	OII, WELL able for this depth or be for full 24 hours) Dute First New Oli Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
					•		
	Length of Test	Tubing Pressure	Casing Pressure	•	Choze Size		
	Actual Frod. During Test	Oil-Bbis.	Water - Bbls.	-	Gas-MCF		
	; 	<u> </u>			1		
	GAS WELL						
	Actual Frod. Test-MCF/D	Length of Test	Bbla. Condensate/A	MCF	Gravity of Condensate	······································	
]	Jealing Method (pilot, back pr.)	Tubing Piecewe (shut-is)	Cooling Pressure (5	nut-in)	Choixe Size	•	
			`		<u> </u>		
	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVAT	ION DIVISION		
	Thereby contline that the culor and	regulations of the Oll Conservation	APPROVED	JAN 2 4	1960	19	
Thereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			DY ORIGIN	THE MALL CLONER BY IFRAM ARVIAL			
			DISTRICT I SUPE	RVISOR			
	· ~ ()	H ·	TITLE				
	Ketty Sildo	17 shin in a					
•	Regulatory Analyst	well, this form a tests taken on t					
-	(In	All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of own- well name or number, or transporter, or other such change of condition					
	1/20/86						
	(De	114)			be filed for each p		
	• •		I comulated wells.		•		
	•						

RECEIVED JAN 231986 O.C.R. HOBBS OFACE