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NEW MEXICO OIL CONSERVATION COMM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

SEP - 4 1973

Operator HANAGAN PETROLEUM CORPORATION		O. C. C.	
Address P. O. Box 1737, Roswell, New Mexico 88201		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" 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"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Catclaw Draw Unit	Well No. 9	Pool Name, Including Formation Catclaw Draw Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. MM 029128
Location Unit Letter F ; 1650 Feet From The North Line and 1980 Feet From The West Line of Section 35 Township 21 South Range 25 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 35
	Twp. 21S	Rge. 25E
	Is gas actually connected? Yes When 10-29-73	

If this production is commingled with that from any other lease or pool, give commingling order number: **In Catclaw Draw Unit**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 5/26/73	Date Compl. Ready to Prod. 8/20/73	Total Depth 10880	P.B.T.D. 10840					
Elevations (DF, RKB, RT, GR, etc.) 3635' KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 10804	Tubing Depth 10290					
Perforations 10804-10830			Depth Casing Shoe 10880					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½	13-3/8		247		250 sx.			
11 & 12¼	8-5/8		2080		900 sx.			
7-7/8	5-1/2		10880		1150 sx.			
	2-7/8		10290					

V. 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 CAOF 10,600 MCF	Length of Test 4 hrs.	Bbls. Condensate/MMCF Dry	Gravity of Condensate
Testing Method (pitot, back pr.) Positive Chokes	Tubing Pressure (shut-in)	Casing Pressure (shut-in) Packer	Choke Size Varies 4

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. L. Southwick
(Signature)
Agent
(Title)

(Date)

OIL CONSERVATION COMMISSION
APPROVED **NOV 19 1973**, 19____
BY **W. A. Gressett**
OIL AND GAS INSPECTOR
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 multiple completed wells.