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U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL  
GAS  
OPERATOR  
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND GAS

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

Nov 24 11:55 AM '65

**I. INFORMATION**  
Name: **Hanagan Petroleum Corporation**  
Address: **P. O. Box 1737, Roswell, New Mexico**  
Reason(s) for filing (Check proper box):  
New Well ☐ Change in Transporter of:  
Production ☐ Oil ☐ Dry Gas ☐  
Transportation ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain): **Change from un-designated to Luckeye-Abo Pool as of December, 1965, Schedule**

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**  
Lease Name: **Superior "A" State** Well No.: **1** Pool Name, including Formation: **Luckeye-Abo** Kind of Lease: **State, Federal or Fee State**  
Location:  
Unit Letter: **L** , **1980** Feet From The **South** Line and **660** Feet From The **West**  
Line of Section: **2** , Township: **18-S** Range: **35-E** , N.M.P.M., **Lea** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent):  
**Lea County, New Mexico**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent):  
**United**  
If well produces oil or liquid, give location of tanks. Unit: Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res'tv.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Pool 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

**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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

**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.  
**Robert G. Hanagan** (Signature)  
**President** (Title)  
**11/1/65** (Date)  
**OIL CONSERVATION COMMISSION**  
**APPROVED** , 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 Sections I, II, III, and VI only 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 completed wells.