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RECEIVED BY

JUN 17 1985

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

D. L. HANNIFIN OPERATING COMPANY

Address

P. O. Drawer 2588, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CHANGE OF OPERATOR

Change of ownership give name and address of previous owner: LaRue & Muncy; P. O. Box 196, Artesia, NM 88210

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NOLA FEDERAL	#2	Sams Ranch Grayburg Gas	State, Federal or Fee Federal	NM24681

Location

Unit Letter X: 660 Feet From The South Line and 660 Feet From The WestLine of Section 8 Township 14 South Range 28 East, NMPM, Chaves County

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)Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

Address (Give address to which approved copy of this form is to be sent)

Phillips Petroleum Company

4th & Washington, Odessa, Texas 79760

Does well produce oil or liquids,
or 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:

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviations (DF, RKB, RT, GR, etc.)	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
			Post ID-3
			6-21-85
			Chg Op

TEST DATA AND REQUEST FOR ALLOWABLE
NEW WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top all
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 Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

D. L. HANNIFIN

(Signature)

OPERATOR

(Title)

June 7, 1985

(Date)

OIL CONSERVATION DIVISION

JUN 17 1985

APPROVED _____, 19____

BY _____ Original Signed By
Les A. Clements

TITLE _____ Supervisor District II

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 deviat-
ions taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condit-Separate Forms C-104 must be filed for each pool in multi-
completed wells.