

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-78

RECEIVED BY

SEP 02 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**
D. L. HANNIFIN OPERATING COMPANY ✓
Address
P. O. Drawer 2588, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input 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"/>

CHANGE OF OPERATOR

If change of ownership give name and address of previous owner D. L. Hannifin, P. O. Drawer 2588, Roswell, New Mexico 88201

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Nola Federal	4	Sams Ranch Grayburg	State, Federal or Fee Federal	NM2468

Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 8 Township 14 South Range 28 East , NMPM, Chaves Cou

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Phillips Petroleum	4th & Washington; Odessa, Texas 79760	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	3-27-78

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't.	Diff. R
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (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

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 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

GAS 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.

R. L. Hannifin
(Signature)
Operator
(Title)
August 15, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 02 1983, 19
Original Signed By
BY Leslie A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new, and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ov well name or number, or transporter, or other such change of condi

Separate Forms C-104 must be filed for each pool in mul completed wells.