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

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

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AUG 16 1966

| | | |
|---|---|-------------------------------------|
| Operator Hanagan Petroleum Corporation | | O. C. C. ARTESIA, OFFICE |
| Address P. O. Box 1737, Roswell, New Mexico | | |
| 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 _____

DESCRIPTION OF WELL AND LEASE

| | | | |
|-------------------------------|--|---|---|
| Lease Name Sunshine | Well No. 1 | Pool Name, Including Formation North Benson Queen -Gb | Kind of Lease State, Federal or Fee Federal |
| Location | | | |
| Unit Letter A | Feet From The North Line and 330 Feet From The East | | |
| Line of Section 31 | Township 18 South | Range 30 East | NMPM, Eddy County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | |
|--|--|---------------------|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 31 | Twp. 18 S |
| | | Rge. 30 E | Is gas actually connected? No |
| | | | When No connection |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 7/5/66 | Date Compl. Ready to Prod. 8/13/66 | | Total Depth 3044 | | P.B.T.D. 3040 | | | |
| Pool und. North Benson | Name of Producing Formation Queen/Grayburg | | Top Oil/Gas Pay 2686 | | Tubing Depth 2650 | | | |
| Perforations 1 SPI: 2686, 88, 2702, 04, 21, 42, 2995, 97, & 3001 | | | | | Depth Casing Shoe 3042 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/2" | 10 3/4" | | 335 | | Mudded | | | |
| 10" | 8 5/8" | | 443 | | 50 sx Reg. 4% CaCl | | | |
| 8" | 4 1/2" | | 3040 | | 237 sx. Incor Neat | | | |

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 8/13/66 | Date of Test 8/13/66 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 8 Hrs. | Tubing Pressure 175# | Casing Pressure 50# | Choke Size 24/64" |
| Actual Prod. During Test 18 Bbls. | Oil-Bbls. 18 Bbls | Water-Bbls. 0 | Gas-MCF 11.25 |

GAS WELL

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

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.

Hugh C. Hanagan
(Signature)
Vice President
(Title)
8/15/66
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 16 1966**, 19
BY **M. L. Armstrong**
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 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.