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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Depar. ..nt

RECEIVED

Form C-104 (ST-Revised 1-1-89 See Instructions Page (ST-Revised 1-1-89 See Ins

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

APR 10'89

DIOTRICT III		
DISTRICT III		
1000 Rio Brazos Rd	Aztec NM	87410

000 Rio Brazos Rd., Aztec, NM 87410			R ALLOWA			ZATION	O. C. D.	ıck		
)perator		O I HAIN	SPURT U	L AND IVA	TURAL GA	Well A	PINO.			
Hanley Petroleum	n Inc.					30	30 015 26068			
Address 1500 Wilco Bldg.	., Midla	and, Te	xas 7970	1						
Reason(s) for Filing (Check proper box)				Oth	er (Please expla	ain)				
New Well	(ransporter of:							
Recompletion	Oil	_	ry Gas 📙							
Change in Operator	Casinghead	Gas C	ondensate							
change of operator give name address of previous operator			***							
I. DESCRIPTION OF WELL A			ool Name, Inclu	ding Formation		Kind (of Lease	Lea	ıse No.	
Hanley Federal			Shugart,	_	one Spri	Cross-	Federal or Fee	NM 6		
Location	66			Novth	1.0	122		T-To a±		
Unit Letter	_:	F	eet From The _	NOT CIT Lin	e and	932 Fe	et From The	West	Line	
Section 7 Township	, 18S	R	lange 31E	, N	МРМ,	r'ddy_	·		County	
II. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NAT							
Name of Authorized Transporter of Oil		or Condensa		Address (Gi	ve address to wi	hich approved	copy of this for	m is to be sen	t)	
Permian SCURLO	CK PERMIA	N CORP E	FF 9-1 -91	P.O. F	ox 1183.	Housto	n, Texas	77251		
Name of Authorized Transporter of Casing	thead Gas	<u> </u>	r Dry Gas 🔃		re address to wi				ı)	
Phillips 66 Natural C	-			430 HS	&L Bldg.	, Bartl	esville.	OK 740	04	
If well produces oil or liquids,	Unit :	Sec. T	wp. Rg		y connected?	When				
ive location of tanks.	I C I	7	185 311	E Yes	<u> </u>	Ma	rch 31,	1989		
f this production is commingled with that f V. COMPLETION DATA	from any other	r lease or po	ol, give commin	gling order num	ber:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	X	1	X	1	1	LL		<u> </u>	
Date Spudded	Date Compl. Ready to Prod.		Total Depth	Total Depth			P.B.T.D. 8418			
3-1-89	April 4, 1989			7 010	8460 Top Oil/Gas Pay 7700 8221					
Elevations (DF, RKB, RT, GR, etc.) 3639.3	Name of Producing Formation Bone Spring		Top Oil/Gas	Tubing Depth 7992						
Perforations	205						Depth Casing	Shoe		
8221-83							845	9		
			CASING AN	D CEMENT						
HOLE SIZE		ING & TUE	SING SIZE		DEPTH SET			ACKS CEME	NT	
17-1/2 "	13-	·3/8		632	632			remium		
11"	8-5/8			2545			a + 250			
7-7/8"		-1/2		8459			1000 Pc	z + 400	Prem	
		-7/8		799	2		1			
V. TEST DATA AND REQUES				•						
OIL WELL (Test must be after r	ecovery of tot	al volume oj	f load oil and mi					or full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test			Producing M	lethod (Flow, p	ump, gas lift,	etc.)			
4-4-89	4-6-	-89		Pump			10 : 5:			
Length of Test	Tubing Pres	sure		Casing Press	aure		Choke Size			
24		·		40			1 =			
Actual Prod. During Test	Oil - Bbls.			Water - Bbl		. –	Gas- MCF			
	290			26	4		275			
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	est	····	Bbls. Conde	nsate/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	lations of the that the infor	Oil Conserva mation gives	ation		OIL COI	_			N	
V	1/20.	_ ~ _		11	~~~	1 /	11/	/		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Tide (915) 684-8051

Signature

Date

Tray V Printed Name 4-7-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111. with prior C-104 mailed 4-6-89

MICHAVISOR, DISTRICE I

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Chief Engineer

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.