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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

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

(Marathon is operator of the Indian Basin Gas Plant and Gathering System. Natural Gas Pipeline Company of America is purchaser of the gas under contracts providing for delivery of residue gas at the Plant)

RECEIVED

Operator Hanagan Petroleum Corporation	
Address P. O. Box 1737, Roswell, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Reopening Well <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) Designate Transporter	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tepee State Gas "Com"	Well No. 1	Pool Name, Including Formation Indian Basin Upper-Penn	Kind of Lease State, Federal or Fee State
Location:			
Unit Letter D	940	Feet From The North	Line and 990
Feet From The West			
Line of Section 32	Township 21 South	Range 24 East	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System	Address (Give address to which approved copy of this form is to be sent) Box 1324, Artesia, New Mexico					
Name of Transporter Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System	Address (Give address to which approved copy of this form is to be sent) Box 1324, Artesia, New Mexico					
If well produces oil or liquids, 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'y.	Diff. Res'y.
		X	X					
Date Completed 12/7/63	Date Comp. Ready to Prod. 1/23/64	Total Depth 7366	P.B.T.D.					
Well Name Indian Basin U.Penn.	Name of Producing Formation U.Penn (Cisco/Canyon)	Top Oil/Gas Pay 7355	Tubing Depth					
Perforations None						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/8"	11 3/4"	199'	175 HOWCO
9 3/4"	8 5/8"	3214'	1700 HOWCO
7 7/8"	2 7/8"	5574'	1350 HOWCO
7 7/8"	6 1/4" drill collars (fish)	5578-7366	--

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 - MMCF

AS WELL

Actual Prod. Test - MMCF/D OF 120 MMCF/D	Length of Test 39 Hrs.	Bbls. Condensate/MMCF 10 Bbls/MMCF	Gravity of Condensate 59.5 @ 60°
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 2332	Casing Pressure --	Choke Size 2.000

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 is true and complete to the best of my knowledge and belief.

Hugh C. Hanagan
(Signature)

in President
(Title)

2/17/65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 23 1965**, 19

BY **Mc Armstrong**

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.