

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

NOV 26 1979

S. E. C.
ARTESIA, OFFICE

SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
TENNECO OIL COMPANYAddress
6800 Park Ten Blvd., Suite 200 N., San Antonio, TX. 78213

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Hanagan Petroleum Corp., P. O. Box 1737, Roswell, N.M. 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Nan-Bet Com.	Well No. 1	Pool Name, including Formation Catclaw Draw Morrow	Kind of Lease State, Federal or Fee	State New Mexico	Lease No. L-6815-1
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>21S.</u> Range <u>26E.</u> NMPM, <u>Eddy</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, N.M. 88210				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, TX. 75270				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 19	Twp. 21S	Rge. 26E	Is gas actually connected? When Yes 3-26-73

If this production is commingled with that from any other lease or pool, give commingling order number: Com Agr. SW-650

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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

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-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

F. R. Beck

(Signature)

Staff Production Analyst

(Title)

10-30-79

(Date)

OIL CONSERVATION COMMISSION

NOV 27 1979

APPROVED _____, 19____

BY W. A. Gressett
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 viscosity tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells, old or new and re-completed wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of conditions.