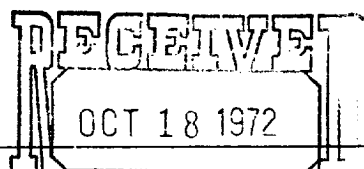


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LAND OFFICE	
TRANSPORTER	OIL
	GAS
CALCULATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-210
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



RECEIVED

OCT 19 1972

Operator Hanagan Petroleum Corporation		OIL CONSERVATION COMMISSION Santa Fe		O. C. C. ARTESIA, OFFICE
Address P. O. Box 1737, Roswell, New Mexico 88201				
Reason(s) for filing (Check proper box)			Other (Please explain)	
New Well	☒	Change in Transporter of:		
Recompletion	☐	Oil	☐	Dry Gas
Change in Ownership	☐	Casinghead Gas	☐	Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Catclaw Draw Unit	Well No. 3	Pool Name, including Formation Catclaw Draw Strawn	Kind of Lease State, Federal or Fee State	Lease No. 1-1898
Location Unit Letter <u>D</u> , <u>992</u> Feet From The <u>North</u> Line and <u>992</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>21 South</u> Range <u>25 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	P. O. Box 1320, Hobbs, N. Mex 88240					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 21S	Rge. 25E	Is gas actually connected? <u>Yes</u>	When <u>10-17-72</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Fed/St. Unit Order R-408

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5/10/72	Date Compl. Ready to Prod. 8/7/72	Total Depth 10,933		P.B.T.D. 10893				
Elevations (DF, RKB, RT, GR, etc.) 3480 KB	Name of Producing Formation Strawn	Top Oil/Gas Pay 9544		Tubing Depth 10409				
Perforations 9544-9560				Depth Casing Shoe 10933				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7 7/8	13 3/8		493		400 cins			
12 1/4 & 11	8 5/8		2130		950 cins			
7 7/8	5 1/2		10933		350			
	2 3/8		10409					

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 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

Actual Prod. Test-MCF/D 5,200	Length of Test 4 Hr.	Bbls. Condensate/MMCF Dry	Gravity of Condensate
Testing method (flow, back pr.) Positive chokes	Tubing Pressure (Chart-12) 2769	Casing Pressure (Chart-12) Pkr.	Choke Size Varies (4)

VI. 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.

[Signature]
(Signature)

Vice-President

(Title)

October 18, 1972

(Date)

OIL CONSERVATION COMMISSION

OCT 20 1972

APPROVED _____, 10

BY [Signature]

TITLE OIL AND GAS INSPECTOR

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 only Section I, II, III, and VI 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.