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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

OCT 27 1972

Operator Hanagan Petroleum Corporation ✓ 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 <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

NM-0374057-A

II. DESCRIPTION OF WELL AND LEASE

Lease Name Catclaw Draw Unit	Well No. 4	Pool Name, Including Formation Catclaw Draw Morrow	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East Line of Section 24 Township 21 South Range 25 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	Twp. 21S	Rge. 25E	Is gas actually connected? Yes	When 10/27/72

If this production is commingled with that from any other lease or pool, give commingling order number: Fed.-St. Unit Order No.

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 6/21/72	Date Compl. Ready to Prod. 8/14/72		Total Depth 10770		P.B.T.D. 10701			
Elevations (DF, RKB, RT, GR, etc.) 3387' KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 10633		Tubing Depth 10584			
Perforations 10633-44 10668-76 10680-98					Depth Casing Shoe 10770			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		380		350			
12-1/4 & 11	8-5/8		1905		955			
7-7/8	5-1/2		10770		300			
		2 3/8		10584				

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

GAS WELL

Actual Prod. Test-MCF/D CAOF 8600 MCF	Length of Test 4 hrs.	Bbls. Condensate/MMCF Dry	Gravity of Condensate --
Testing Method (pitot, back pr.) Positive chokes	Tubing Pressure (Shut-in) 3506	Casing Pressure (Shut-in) Packer	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.

Hugh C. Hanagan
(Signature)
Vice President
(Title)
10/26/72
(Date)

OIL CONSERVATION COMMISSION
OCT 30 1972
APPROVED
BY W. A. Gressitt
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 Sections 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.