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

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

AUG 31 1976

O. C. C.

ARTESIA, OFFICE

Operator

Hanagan Petroleum Corporation

Address

P.O. Box 1737, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well

☐

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Casinghead Gas

☐

Dry Gas

☒

Condensate

☐

Other (Please explain)

Change of one Transporter's name,
(From S.U. to GNM)*

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Catclaw Draw Unit	4	Catclaw Draw Morrow Gas	State, Federal or Fee Federal	NM-03740
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	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Navajo Crude Oil Purchasing Company	XX	P.O. Drawer 175, Artesia, N.M. 88210				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
LTano, Inc.	X	P.O. Box 1320, Hobbs, N.M. 88240				
Gas Company of New Mexico *		First International Bldg. Dallas, Tx. 75201				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	24	21S	25E	Yes	10/27/72 LI. 12/5/73 GNM

If this production is commingled with that from any other lease or pool, give commingling order number: Fed./St. Unit Order #R-4081

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

8/30/76

(Date)

OIL CONSERVATION COMMISSION

SEP 2 1976

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 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.