ŕ	NO. OF COPIES RECEIVED					
	DISTRIBUTION			Form C-104		
Ì	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE IV		AND			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	A5		
	TRANSPORTER OIL GAS	RECEI	VED			
1.	OPERATOR PRORATION OFFICE	NOV 7	1975			
	Hanagan Petroleum Corporation V					
	t., t., t.,,					
	P. O. Box 1737	Roswell, New Mexico 8	8201 Other (Please explain)			
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Omer If lease explainly			
	Recompletion	Oil Dry Gas	s []			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE				Lease No.		
	Lease Name Well No. Pool Name, Including Formation Kina of Lease L					
Catclaw Draw Unit     11     Catclaw Draw Morrow     State, Federal or Fee     State       Location     Unit Letter     / L     ;     330     Feet From The West     Line and     1915     Feet From The South						
Line of Section 36 Township 21S Range 25E , NMPM, Eddy c						
<b>!II</b> .	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)		
	Navajo Crude Oil Purcha	sing Company	P. O. Box 175, Artesia, Address (Give address to which approv	New Mexico 88210		
	Name of Authorized Transporter of Cas	inghead Gas 🔄 🛛 or Dry Gas 🔀	P. O. Box 1320, Hobbs,			
	Llano, Inc. If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n 100 100 100 100 100 100 100 100 100 10		
	give location of tanks.	L 36 21S 25E		<u> </u>		
	If this production is commingled with that from any other lease or pool, give commingling order number: In Catclaw Draw Unit COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.					
	Designate Type of Completion					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
!	4/25/75	9/2/75 Name of Producing Formation	11,170 Top O!!/Gas Pay	10,985		
	Elevations (DF, RKB, RT, GR, etc.) 3704 KB	Morrow	10,935	10,792		
	Perforations			Depth Casing Shoe		
	10,935, 37, 39, 41, 44, 46, 48, 50, & 10,970, 72, 74 TUBING, CASING, AND CEMENTING RECORD			11,170		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	20	16"	159	Circ. 130 sx.		
	14-3/4 & 12-1/4	9-5/8"	2260	Circ. 850		
	8-1/2 & 7-7/8	<u>5-1/2"</u> 2-7/8"	11170	570		
v	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a	fter recovery of total volume of load oil (	and must be equal to or exceed top allow-		
••	able for this depth or be for full 24 hours) DIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Date First New OII Hun 10 Tanks					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	Actual Front Daring Foot					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	CAOF 4940.3	4 hrs. Tubing Pressure (shut-in)				
	Testing Method (pitot, back pr.)		Casing Pressure (Shut-in)	Choke Size		
**7*	Positive Chokes	3278	Packer OIL CONSERVA	L Varies		
VI.	CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION					
	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.		APPROVED, 19			
			BY_Will Gresset			
			TITLE SUPERVISOR, DISTRICT I			
	4 Pod ad		This form is to be filed in compliance with RULE 1104.			
	Hugh C. Hanagan		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			
	Vice President	atute	tests taken on the well in accordance with RULE 111.			
(Title) 11/5/75 (Title) able on new and recompleted wells. Fill out only Sections I, II, III, and VI for Fill out only Sections I, II, III, and VI for Fill out only Sections I, II, III, and VI for			st be filled out completely for allow- ells.			
			I. III. and VI for changes of owner,			
	(Do	ute)	well name or number, or transport	and a second sec		
			Separate Forms C-104 mus	t be filed for each pool in multiply		

Separ		
completed	well	5.