

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COM. ON  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

OCT 9 1979

Operator Hanagan Petroleum Corporation		B.B.B. ARTESIA, OFFICE	
Address P.O. Box 1737 - Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Temporarily abnd. Wolfcamp	
Recompletion	<input checked="" type="checkbox"/>	perfs. 9083-9146; prod. from Morrow	
Change in Ownership	<input type="checkbox"/>	perfs. 10856-11203'	
Change in Transporter of:			
Oil	<input type="checkbox"/>	Dry Gas	
Casinghead Gas	<input type="checkbox"/>	Condensate	

If change of ownership give name and address of previous owner

Lease Name Rifle Federal Com.		Well No. 2	Pool Name, including Formation Avalon Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM16624
Location					
Unit Letter	C	660	Feet From The North	Line and 1980	Feet From The West
Line of Section	28	Township	21 South	Range	26 East
				NMPM,	Eddy
				County	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>						Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing Co.						Box 175, Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>						Address (Give address to which approved copy of this form is to be sent)	
Llano, Inc.						Box 1320, Hobbs, N.M. 88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	C	28	21S	26E	Yes	10-9-79	7-26-79

If this production is commingled with that from any other lease or pool, give commingling order number: Com. Agr. SRM 1384

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
12/11/78	3/15/79		11280'		11240'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3356 KB	Morrow		10856'		10789'				
Perforations 9083-9146 (Open on annulus, temp. abnd. 10/4/79)				Depth Casing Shoe					
Producing Perfs 10/9/79 Morrow 10856-11203				11280'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8		126		100 sx. + 8 1/2 yds.			
12 1/2 & 11"		8 5/8		2340		950 sx. circ.			
7 7/8"		4 1/2		11280		1050 sx.			
		2 3/8		10789					

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 4 Pt. Test run on 3/12/79 & Filed with Original Completion			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3446.46	4 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Positive choke	3413	0	Varies

I. 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 OCT 16 1979	
BY <u>W.A. Gresseth</u>		19	
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.			
Accounting Manager			
10/8/79			
(Date)			