

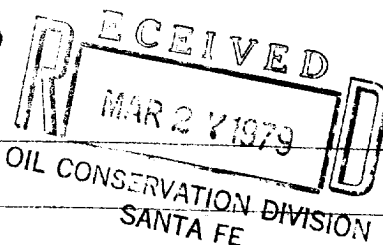
NEW MEXICO OIL AND NATURAL GAS COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Replaces OIL C-104 and C-105
Effective 1-1-65

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

RECEIVED

MAR 29 1979



Operator Hanagan Petroleum Corporation ✓

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

O. C. C.
ARTESIA, OFFICE

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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rifle Federal	Well No. 2	Pool Name, including Formation Avalon Wolfcamp	Kind of Lease State, Federal or Fed Federal	Lease No. NM1662A
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				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/11/78	Date Compl. Ready to Prod. 3/15/79	Total Depth 11280'	P.B.T.D. Temporary 10792					
Elevations (DF, RKB, RT, GR, etc.) 3356 KB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9083	Tubing Depth 9004'					
Perforations 9083 - 9146	Morrow 4 Pt. Filed - Morrow Perfs. Blanked Off 10856-11203					Depth Casing Shoe 11280'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 48# H-40		126'		100 sx + 8 1/2 yds.			
12 1/4 & 11"	8 5/8" 24 & 32# K55		2340'		950 sx circ.			
7 7/8"	4 1/2" 11.6 & 13.5# N80		11280'		1050 sx 1/cmt. 7895			
	2 3/8" 4.7 #N80		9004'					

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 *(will run 4 pt. Test on Wolfcamp after connected to pipeline)

Actual Prod. Test-MCF/D 2000 MCF	Length of Test 45 Mins.	Bbls. Condensate/MMCF Unestimated	Gravity of Condensate None Obtained
Testing Method (pilot, back pr.) Adjustable Choke	Tubing Pressure (Shut-in) 3100#	Casing Pressure (Shut-in) 0	Choke Size 1/2"

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.

Gary P. Courtney - Controller

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 31 1979

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