

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 MISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

AUG 8 1979

O.G.C.
ARTESIA, OFFICE

I. Operator Hanagan Petroleum Corporation ✓
Address P.O. Box 1737, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Add "Com" to well name:
Rifle Federal Com. #2
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rifle Federal Com.</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Avalon Wolfcamp</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM1662A</u>
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>21 South</u> Range <u>26 East</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 175, Artesia, New Mexico 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Llano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1320, Hobbs, New Mexico 88240</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>28</u>	Twp. <u>21S</u>	Rge. <u>26E</u>	Is gas actually connected? <u>Yes</u>	When <u>7/26/79</u>

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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 Courtney
(Signature)
Gary P. Courtney - Controller
(Title)

OIL CONSERVATION COMMISSION

APPROVED AUG 9 1979, 19

BY W. A. Gussert

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.

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