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	SANTA FE			Form C-104
	FILE / L		T FOR ALLOWABLE AND	Supersedes Old C-104 and Effective 1-1-65
	U.S.G.S. /	AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL	. GAS
	LAND OFFICE			
	TRANSPORTER GAS			RECEIVE
	OPERATOR /			
I.	PRORATION OFFICE			MAY 1 5 1978
	HANAGAN PETROLEUM CORPORATION			
	Address ARTEBIA, OFFIC			
	P. 0. BOX 1737, Roswell, New Mexico 88201 Reason(s) for filing (Check proper box)			
	New Well	Change in Transporter of:	Other (Please explain)	
	Recompletion		Gas 🔲	
	Change in Ownership	Casinghead Gas Cond	ensate	
	If change of ownership give name			· · · · · · · · · · · · · · · · · · ·
	and address of previous owner			
11.	DESCRIPTION OF WELL AND	Vell No. Pool Name, Including	Formation	
	Mary Federal	1 Sheep Draw M		ral or Fee Federal 042678
	Location			1606101 042078
	Unit Letter ' H ; 19	80 Feet From The North Li	ine and Feet From	The East
	Line of Section]] To	ownship 23 South Range	25 East , NMPM, Eddy	
		Anonip 20 Couch Aunge	LO LUSC , NMPM, LUUY	County
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.	AS	·····
				•
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	Transwestern Pipeline	• •	P. O. Box 2521, Houst	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige. H 11 23S 25E	Is gas actually connected? W Yes	Manah 20 1079
				March 30, 1978
IV.	COMPLETION DATA	ith that from any other lease or pool,		
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Re/Spud 8/4/73	Recompl. 3/30/78	11570	11,500
	Elevations (DF, RKB, RT, GR, etc.) 3736 KB	Name of Producing Formation	Top Oil/Gas Pay 11363	Tubing Depth 11006
	Perforations	HOTTOW	11505	Depth Casing Shoe
	11363-65 & 67 ar	nd 11480-81 & 83		11570
			D CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·
	HOLE SIZE	CASING & TUBING SIZE	100	Circ
	124	9-5/8	2430	Circ
	8-3/4 & 7-7/8	5 ¹ 2	11570	1075
		2-7/8	11006	<u>i</u>
	• TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)			and must be equal to or exceed top allo
ĺ	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
	Teudu ot lest	Tubing Pressue	Cosing Pressure	Choke Size
ľ	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Į	······································			1 10° 3 18
	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	CAOF 2200 Testing Mothod (pitot, back pr.)	4 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	
	Positive Choke	3681	Packer	Choke Size 3/4"
VI.	CERTIFICATE OF COMPLIAN			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED MAY 2 6 1978, 19	
	above is true and complete to the		BY a Aressit	
			TITLE SUPERVISOR, DISTRICT II	
	la pa l		This form is to be filed in compliance with RULE 1104.	
	Garry Courter Gary 1', Courthey		If this is a request for silowable for a newly drilled or despene	
	Controller (Stenning) Gary P. Courtney		well, this form prior to assumption by a tabulation of the deviation tests taken on the well in accordance with public 11).	
	(Title)		All sections of this form must be filled out completely for sllow able on new and recompleted wells.	
	May 8, 1978		Fill out only Sectiona I, II. III, and VI for changes of owner	
	(Da	y well name or number, or transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multi-		

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