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

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

JUL 29 1975

Operator Hanagan Petroleum Corporation ✓		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 1737 Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Test Oil - Total Sold 126.47 Bbls.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

9-1-76

R-5252

Dynnes Link-Delaware

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 9-15-75  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newman	Well No. 1	Pool Name, Including Formation Wildcat - Delaware	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter '0 ; 2300 Feet From The East Line and 660 Feet From The South Line of Section 7 Township 23S Range 26E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 7	Twp. 21S	Rge. 26E	Is gas actually connected? No	When Approx. 30 to 60 days

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 checked="" type="checkbox"/>	Gas Well <input 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 2/15/75	Date Compl. Ready to Prod. 7/22/75	Total Depth 11,625		P.B.T.D. 4859					
Elevations (DF, RKB, RT, GR, etc.) 3454 KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 4781		Tubing Depth 4699					
Perforations 4781-4790		Depth Casing Shoe 4920							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
20	16		96		180 circ.				
14-3/4 & 12-1/4	9-5/8		2480		1050 circ.				
8-1/2	4-1/2		4920		675				
	2-3/8		4699						

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 7/15/75	Date of Test 7/15/75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 200#	Casing Pressure Pkr.	Choke Size Varies
Actual Prod. During Test	Oil-Bbls. 50	Water-Bbls. 10	Gas-MCF 125

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

*Hugh C. Hanagan*  
(Signature)

Vice President

(Title)

July 28, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 5 1975, 19

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 completed wells.