NO. OF COPIES RECEIVED		15	
DISTRIBUTI	ON		
SANTA FE			
FILE		17	-
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
THE STATE OF THE S	GAS	17	
OPERATOR		1	
PRORATION OF			
Operator			

(Title)

(Date)

2/28/78

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 -11

	FILE /	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TI	AND AUTHORIZATION TO TRANSPORT OIL AND NATURA			
	LAND OFFICE	 	WIND ON OIL AND HATOK	AL GAS		
	TRANSPORTER OIL / GAS /			RECEIVED		
1	OPERATOR / PRORATION OFFICE					
•	Operator			MAR - 1 1978		
	Hanagan Petroleum Corporation V Address D. C. C.					
	P.O. Box 1737, Rosy Reason(s) for filing (Check proper	well, New Mexico 88201		ARTESIA, OFFICE		
	New Well	Change in Transporter of:	Other (Please explain)			
	Recompletion X Change in Ownership	Oil Dry (Gas			
	If change of ownership give nam					
	and address of previous owner _					
II	DESCRIPTION OF WELL AN	ND LEASE Well No. Pool Name, Including				
	Newman			ederal or Fee		
	Location			State K 4761-3		
	Unit Letter 0; 2	300 Feet From The East L	ine and 660' Feet F	rom The South		
	Line of Section 7	Township 23 South Range	26 East, NMPM, E	ddy County		
III.	DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G				
	Name of Authorized Transporter of Navaio Crude Oil Pu		1	pproved copy of this form is to be sent)		
	ł _	rchasing Company Casinghead Gas or Dry Gas XX	Address (Give address to which a	a, New Mexico 882]0 pproved copy of this form is to be sent)		
	Transwestern Pipeli	ne Company Unit Sec. Twp. Rge.	P.O. Box 2521, Houst Is gas actually connected?	on, Texas 77001		
	give location of tanks.	0 7 23S 26F	yes	3-31-78		
IV.	If this production is commingled COMPLETION DATA	with that from any other lease or pool,	, give commingling order number:			
	Designate Type of Comple	etion - (X)	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2/15/75	5/23/77	11,625'	4620 (Temp.)		
	Elevations (DF, RKB, RT, GR, etc. 3454 KB	Name of Producing Formation Middle Delaware	Top Oil/Gas Pay	Tubing Depth		
	Perforations	Tritude Delaware	4247	4098 Depth Casing Shoe		
	4920 TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	20"	16"	96	180		
	14 3/4" & 12 ½"	9 5/8"	2480	1050		
	812"	4½" 2 3/8"	4920	675		
v.	TEST DATA AND REQUEST		4098	ail and must be equal to an exceed to all		
j	TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL Date First New Oil Run To Tanks Date of Test One of Test (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
			, in the same of t			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
ļ				The state of the s		
r	GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate AAACE Complete of Condensate AAACE Complete of Condensate AAACE			<u> </u>		
	CAOF 4044.4	Length of Test 4 hrs	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	4 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
L VI	Positive Choke CERTIFICATE OF COMPLIA	1645	Packer	Varies		
• • •			OIL CONSERVATION COMMISSION APPROVED APPROVED 19			
	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given		APPROVED HER 19			
	ove is true and complete to the best of my knowledge and belief.			· · · · · · · · · · · · · · · · · · ·		
	. / _		TITLE SUPERVISOR, DISTRICT IL			
	Hugh & de	auagan grature)	[]	in compliance with RULE 1104,		
7	V: (Sig	nature)		lowable for a newly drilled or deepened panied by a tabulation of the deviation cordance with RULE 111.		
	Vice President	V				

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.