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	GAS	1	
OPERATOR		1	
PRORATION OFFICE		1	
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## NEW MEXICO OIL CONSERVATION MISSION

Form C-104

FILE	REQUE	ST FOR ALLOWABLE Supersedes Old C-10-		
U.S.G.S.	AUTHORIZATION TO	AND  Effective 1-1-65  TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE		TRANSFORT OIL AND NATUR	CAL GAS	
TRANSPORTER OIL /		PECEIVED		
OPERATOR /				
I. PRORATION OFFICE Operator			MAR - 1 1978	
Hanagan Petroleum	Corporation 🗸		O. C. C.	
P.O. Box 1737. Ro	swell, New Mexico 88201		ARTESIA, OFFICE	
Redson(s) for filing (t.heck prope	r box)	Other (Please explain)	)	
New Well Recompletion	Change in Transporter of:			
Change in Ownership		Gas		
If change of ownership give nar and address of previous owner		ndensate		
II. DESCRIPTION OF WELL A	ND F PACE			
Lease Name	Well No. Pogl Name Including	Formation Kind of 1	Lease No	
North Horseshoe Bend		State. Federal or Fee		
Location / D	550	W XI WIII	Federal NM1089	
Unit Letter B;	660 Feet From The North	Line and 1980 Feet F	rom The <u>East</u>	
Line of Section 22	Township 23 South Range	25 East . NMPM, Edd	<u>Y</u> County	
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL O	GAS		
Name of Authorized Transporter of Navajo Crude Oil Pur			pproved copy of this form is to be sent)	
Name of Authorized Transporter of	Cridsing Company  Casinghead Gas or Dry Gas XX	P.O. Box 175, Artes Address (Give address to which a	ia. New Mexico 88210 pproved copy of this form is to be sent)	
Transwestern Pipelin	e Company	P.O. Box 2521 House		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	When	
	B 22 23S 25E		3-29-78	
IV. COMPLETION DATA	with that from any other lease or pool	l, give commingling order number:		
Designate Type of Comple	etion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
8/13/77 Elevations (DF, RKB, RT, GR, etc.	12/10/77	11,500'	10,858'	
3857 GR, 3873 KB	Name of Producing Formation Strawn	Top Oil/Gas Pay	Tubing Depth 9599	
Perforations	(711)		Depth Casing Shoe	
9714 - 22 (5), 9926-4	6 (11), 10009-13 (3), 10	0050-70 (11)	11500	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	T	
20	16"	150	SACKS CEMENT	
14 3/4" & 12½"	9 5/8"	2395	1415 sx.	
8½" & 7 7/8"	5½"	11500	925 sx.	
•	2 7/8"	9599		
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this d	after recovery of total volume of load c epth or be for full 24 hours)	oil and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Length of Test	Tubing Pressure		$\mathcal{D}_{\mathcal{A}}(t)$	
	Tubing Planadia	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
			l b	
GAS WELL			City 1w	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Company of Att 6	
CAOF 4186	4 hrs.		Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Positive choke	3101.5	Packer	Varies	
VI. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION COMMISSION	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		
Commission have been commised	with and that the information willer			
above is true and complete to th	e best of my knowledge and belief.			
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d/ 1 1 1 -1		This form is to be filed in compliance with RULE 1104.		
Juga C. 97	audfan	If this is a request for allowable for a newly drilled or deepened		
Vice-President	(	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
(T	itle)	All sections of this form must be filled out completely for allow-		
2/28/78		able on new and recompleted w	vells.	

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.

(Date)