

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

SEP - 3 1991

O. C. D.
ARTESIA OFFICE

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hanley Petroleum Inc. ✓	Well API No. 30 015 24689
Address 415 W. Wall, Suite 1500, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Request test allowable of 900 barrels.
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Union 35 Federal	Well No. 1	Pool Name, Including Formation Undesignated Bone Spring	Kind of Lease State, Federal or Fee	Lease No. NM 19601
Location Unit Letter <u>E</u> : <u>1780</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line			County	
Section <u>35</u>	Township <u>T-22-S</u>	Range <u>R-28-E</u>	, NMPM, Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77251
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) 921 W. Sanger, Hobbs, N.M. 88240
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>35</u> Twp. <u>22-S</u> Rge. <u>28-E</u> Is gas actually connected? <u>Yes</u> When? <u>October 4, 1984</u>

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded July 29, 1991	Date Compl. Ready to Prod. August 20, 1991	Total Depth 12,950	P.B.T.D. 8865					
Elevations (DF, RKB, RI, GR, etc.) GR 3066'	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8730'	Tubing Depth 8720'					
Perforations 8730-8748 ; 8750-8752 ; 8756-8772		Depth Casing Shoe 11,324'						
TUBING, CASING AND CEMENTING RECORD		SACKS CEMENT						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	575 circulated					
17 1/2	13 3/8	452	1300 circulated					
12 1/4	9 5/8	2729	2100					
8 3/4	7	11,324	275					
6 1/8	4 1/2	10,923 - 12,949						

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 oil)		Producing Method (Flow, pressure, gas lift, etc.)	
Date First Flow Oil Run To Tank	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		
GAS WELL		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Testing Method (pucc, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Troy V. Compton
Printed Name Troy V. Compton Title V.P. Production
Date 8-20-91 Telephone No. (915) 684-8051

OIL CONSERVATION DIVISION

Date Approved SEP - 4 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by the results of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.