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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC - 6 1991

O. C. D.
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator HANAGAN PETROLEUM CORPORATION	Well API No. 30-015-26849
Address P.O. Box 1737 - Roswell, NM 88202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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 UNOCAL-HPC FEDERAL	Well No. 2	Pool Name, Including Formation Lost Tank Delaware	Kind of Lease State , Federal or Fee	Lease No. NM-43556
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>22 South</u> Range <u>31 East</u> , NMPM, <u>Eddy</u> 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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 - Abilene, Tx. 79604			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) 105 South Fourth St. - Artesia, NM 88210			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 1	Twp. 22S	Rge. 31E
Is gas actually connected?	Yes		When? 11/30/91	
If this production is commingled with that from any other lease or pool, give commingling order number. <u>No</u>				

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/10/91	Date Compl. Ready to Prod. 11/30/91		Total Depth 8532'		P.B.T.D. 7441'			
Elevations (DF, RKB, RT, GR, etc.) KB 3607'	Name of Producing Formation Delaware		Top Oil/Gas Pay 6889'		Tubing Depth 7213'			
Perforations 7111'-7133', 7015 - 7026', 6889' - 6903'					Depth Casing Shoe 8532'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	38'	Redi-Mix
17 1/2"	13 3/8"	750'	575 sx. - Circ.
11"	8 5/8"	4254'	1450 sx. - Circ.
7 7/8"	5 1/2"	8532'	975 sx. - Top @ 3290'

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 Tank 11/30/91	Date of Test 12/2/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size comp 4 BK
Actual Prod. During Test 138 bbls.	Oil - Bbls. 98	Water - Bbls. 40	Gas - MCF 54

GAS WELL

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

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
Michael G. Hanagan
Printed Name
12/5/91
Date
Asst. Vice Pres.
Title
505-623-5053
Telephone No.

OIL CONSERVATION DIVISION

DEC 30 1991

Date Approved
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 tabulation 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.