

OIL CONSERVATION DIVISION

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

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. 30-015-27435
Address 415 W. Wall, Suite 1500, Midland, TX 79701	
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 Union 35 Federal	Well No. 5	Pool Name, Including Formation Herradura Bend Delaware, East	Kind of Lease State, (Federal) or Fee	Lease No. NM19601
Location Unit Letter C : 630 Feet From The North Line and 2010 Feet From The West Line Section 35 Township 22-S Range 28-E , 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"/> Scurlock-Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 21470, Tulsa, OK 74121					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 35	Twp. 22-S	Rge. 28-E	Is gas actually connected? Yes	When? 6/26/93

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/31/93	Date Compl. Ready to Prod. 6/26/93		Total Depth 8500'		P.B.T.D. 6527			
Elevations (DF, RKB, RT, GR, etc.) 3090 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6122		Tubing Depth 6351			
Perforations 6122-6156 - 20 holes - .41" diam					Depth Casing Shoe 6569			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		461		370 Sx			
7 7/8"	4 1/2" 11.60#		6569		1745 Sx			
					comp 4 BK			

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.)

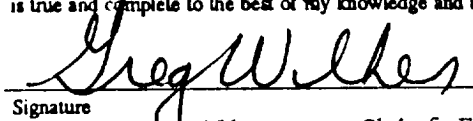
Date First New Oil Run To Tank 6/29/93	Date of Test 6/30/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 50 psi	Casing Pressure 75 psi	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 132	Gas - MCF 29

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 **Greg Wilkes** Chief Engineer
Printed Name **7/6/93** Title **915/684-8051**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 26 1993**

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.