

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

OIL CONSERVATION DIVISION

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

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. 30-015-26995
Address: P.O. Box 1737 - Roswell, NM 88202		
Reason(s) for Filing (Check proper box) 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 Gehrig Federal	Well No. 2	Pool Name, Including Formation Brushy Draw, Delaware	Kind of Lease State, Federal or Fee -	Lease No. NM 54291
Location Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line Section 9 Township 26S Range 29E, 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"/> Scunlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O.Box 4648-Houston, Tx. 77210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 9	Twp. 26S	Rge. 29E	Is gas actually connected? No	When ? When sufficient volume is available to justify gathering system.
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 12/29/92	Date Compl. Ready to Prod. 2/6/93		Total Depth 5425'		P.B.T.D. 5367'			
Elevations (DF, RKB, RT, GR, etc.) RKB 2959	Name of Producing Formation Delaware		Top Oil/Gas Pay 5065'		Tubing Depth 5197'			
Perforations 5065-5084' w/40 holes					Depth Casing Shoe 5425'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		439'		Circ. w/390 sacks			
7 7/8"	5 1/2"		5425'		1,100 sacks Post TD-2 2-19-93 Camp & Bix			

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 2/6/93	Date of Test 2/7/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 321 BF	Oil - Bbls. 161 B0	Water - Bbls. 160 BW	Gas - MCF 75 MCF

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 Vice-Pres.
Printed Name
2/8/93 Title
505-623-5053
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 15 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.