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

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

Revised 1-1-89
See Instructions at Bottom of Page

DISTRICT III		Sar	ita Fe	, New M	exico 875	04-2088				¥	
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	OR A	LLOWA	BLE AND	AUTHORIZ	ZATION				
I. Operator		OTRA	<u>ŅSP</u>	ORT OIL	AND NA	TURAL GA		DI XV			
Hanagan Petroleum Corporation Address						Well API No. API #30-015-27006					
P.O. Box 1737 - Roswel	1, NM	8820	2						2		
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead		Transpo Dry Ga Conde	🗆	Req of	her <i>(Please expla</i> uest Test 3000 barr perfs fro	ing Allo els from	n Delawa	or July re Forma	1992 ition	
If change of operator give name and address of previous operator							, 220	7270		· 	
II. DESCRIPTION OF WELL	AND LEA	SE				······································					
Lease Name BET-NET	ng Formation w Brush	y Canyon i	Abd Sixix,	of Lease Federal or XFX		ease No. 12121					
Location						,			111101		
Unit LetterC	:_660_		Feet Fr	rom The _N	orth_Li	ne and198	80 Fe	et From The .	West	Line	
Section 25 Township	245		Range	31E	, N	ІМРМ,	_Fddy_			County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	<u> </u>	or Condens	ale		Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	ride Pipeline Company				P.O. Box 2436 - Abilene, Tx. 79604 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casting	nead Gas		or Dry	Gas	Address (Gi	ve address to wh	ich approved	copy of this fo	orm is to be se	int)	
If well produces oil or liquids, give location of tanks.	Unit :	Sec. 25	Twp. 24S	Rge.	Is gas actually connected? When ?						
If this production is commingled with that f IV. COMPLETION DATA	rom any othe				ing order num	nber;			· · · · · · · · · · · · · · · · · · ·		
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded		Pardula			Total Depth	Ì	İ				
Date Spaces	Date Compl. Ready to Prod.				roai bepai			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	1						· · · · · · · · · · · · · · · · · · ·	Depth Casin	g Shoe		
	TI	UBING.	CASI	NG AND	CEMENT	ING RECOR	ח	<u></u>	······································		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			

W. mnom b / mr / Nip p povince											
V. TEST DATA AND REQUES OIL WELL (Test must be after re					ka and to a						
OIL WELL (Test must be after re	Date of Test	ar volume a) 10da	ou ana musi	Producing N	lethod (Flow, pu	mp, gas lift, e	s depin or be ;	for full 24 hou	rs.)	
Length of Test	Tubing Pressure				Casing Press	3) (4)		Choke Size	Choke Size		
	Tuoing Trossaio				Casing 11000010						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL					 .		 	1	, .	 	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensals			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	СОМР	LIAI	NCE	1			1			
I hereby certify that the rules and regula	ations of the C	Oil Conserv	ation			OIL CON	ISERV.	ATION	DIVISIO	NC	
Division have been complied with and is true and complete to the best of my	that the inform	mation give		c							
is true and complete to the best of my	Mondage au	च घटार्थ.			Dat	e Approve	d	JUL 2	1 1992		
Mental D H											
Signature Michael G. Hanagan	-	,	ico	Pres.	By_	N.	TIKE WILL	JAMS	RA		
Printed Nume			Title		Title	Ç	UPERVIS	OR, DISTE	RICT IF		
7/16/92 Date		505-62 Tele	23-5 phone !								
		•	,		11						

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.