Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Thergy, Minerals and Natural Resources Departr

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		S	anta Fe	e, New M	fexico 875	04-2088				,	
1.	REQ	UEST F	OR A	LLOWA	BLE AND	AUTHOR	IZATION	and the first of the second	* ÷		
TO TRANSPORT OIL AND NAT							Well API No.				
HANAGAN PETROLEUM CORPORATION Address							30-	015-27151			
P.O. Box 1737 - Roswell	, NM	88202				,					
Reason(s) for Filing (Check proper box) New Well			m	_	Oth	er (Please exp	lain)	·			
Recompletion	Oil	Change i	n Transpo Dry Ga				r	er er sø.	19.33 	I NOT BE	
Change in Operator Casinghead Gas Condensate								4 22 93			
If change of operator give name and address of previous operator							11.	(y a a a a g		++	
II. DESCRIPTION OF WELL	AND LE	ASE								2	
Lesse Name Bet-Net Federal	Well No. Pool Name, Incl							of Lease No.			
Location			2 Cotton Dra			<u>y Canyon</u>	Rae	類組織 Federal ok XeeX NM 012121			
Unit Letter F	: 19	80	_ Feel Fi	rom The _	North Lin	e and <u>165</u> 0) F	eet From The W	est	Line	
Section 25 Township	24S		Range	31E	, N	МРМ,	Eddy			County	
III DESIGNATION OF TRAN	CDADTI	7D OF 0		F. N. 4 (70)						County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	Address (Giv	Address (Give address to which approved copy of this form is to be sent)									
Pride Pipeline Company Name of Authorized Transporter of Oil Y or Condensate					P.O.Box 2436 - Abilene, Tx. 79604					nı)	
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas	Address (Giv	e address 10 w	hich approved	copy of this for	n is to be se	nt)	
If well produces oil or liquids,	Liter		<u> </u>								
give location of tanks.				Rge. 31E	Is gas actually	y connected?		When ?			
If this production is commingled with that from any other lease or pool, give commingled					ing order number:			When sufficient volume to justify line			
IV. COMPLETION DATA	·						Jus	CITY TIME		*	
Designate Type of Completion	- (X)	Oil Well	1 (Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready u	o Prod.		Total Depth	I	1	P.B.T.D.		4	
11/6/92	1/18/93				8400'			8375' (RBP @7300')			
Elevations (DF, RKB, RT, GR, etc.) 3535 GR, 3550 KB	Name of Producing Formation				Top Oil/Gas I	Pay		Tubing Depth			
3535 GR, 3550 KB Brushy Canyon Perforations					7115'			7252 Depth Casing Shoe			
(7115'-7155') Prod. (75	29-71,	7733-9	90, 79	965-69	Behind R	BP)		8375'	noe		
	,	TUBING,	CASI	NG AND	CEMENTIN	NG RECOR	.D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
17 <u>4</u> "	13 3/8"				700'			Circ 595 sx.			
7 7/8"	8 5/8" 5 } "				4,300' 8,400'		·		1300 s 1250 s		
								-	1230 3	<u>^•</u>	
V. TEST DATA AND REQUES					•						
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of t	otal volume	of load o	oil and must	be equal to or	exceed top alle	owable for the	s depth or be for	full 24 how	's.)	
1/20/93	Date of Test 1/28/93				Producing Method (Flow, pump, gas lift, etc.) Pump 2-26-93						
Length of Test	Tubing Pressure				Casing Pressu	ıre		Choke Size	L-L	6-73 K BR	
24'	0				0			N/A	N/A		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
327 BF	118	RO.		······································	209 B	W		57 MCF			
GAS WELL Actual Prod. Test - MCF/D	11										
Actual Flod. Test - MICF/D	Length of	1 cat			Bbis. Conden	sate/MMCF		Gravity of Con	densate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
W OPER ARON CORPORATION	<u> </u>						 	<u> </u>			
VI. OPERATOR CERTIFIC				ICE			ISERV	ATION D	Meic	\KI	
I hereby certify that the rules and regula Division have been complied with and t	hat the info	Oil Conser	vation en above				VOLITY.	AT ION D	171310	ЛМ	
is true and complete to the best of my knowledge and belief.					Doto	Approvo	a	FEB 2 3	1992		
M. n.]/				Date	Approve	u	N V			
Minchal X ff					ll Rv	9	RECINAL	Significate			
Signature Michael G. Hanagan Vice Pres.					""	By OREGINAL SIGNED BY WHILLIAMS					
Printed Name Title					Title						
1/29/93 623-5053 Date Telephone No.									 		
		1 616	PROUG 14	···	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.