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**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

SEP 10 1991

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 <b>Hanley Petroleum Inc.</b>	Well API No. <b>30 015 24689</b>
Address <b>415 W. Wall, Suite 1500, Midland, Texas 79701</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 <b>S. Culebra Bluff</b>		Kind of Lease State, Federal or Fee	Lease No. NM 19601
Lease Name <b>Union 35 Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated Bone Spring</b>	
Location Unit Letter <b>E</b> : <b>1780</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line		Section <b>35</b> Township <b>T-22-S</b> Range <b>R-28-E</b> , <b>NMPM</b> , <b>Eddy</b> 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"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183, Houston, Tx. 77251</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Llano, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>921 W. Sanger, Hobbs, N.M. 88240</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>35</b>	Twp. <b>22-S</b>
	Rge. <b>28-E</b>	Is gas actually connected? <b>Yes</b> When? <b>October 4, 1984</b>	

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	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <b>July 29, 1991</b>	Date Compl. Ready to Prod. <b>August 20, 1991</b>		Total Depth <b>12,950</b>		P.B.T.D. <b>8865</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>GR 3066</b>	Name of Producing Formation <b>Bone Springs</b>		Top Oil/Gas Pay <b>8730</b>		Tubing Depth <b>8720</b>			
Perforations <b>8730-8748; 8750-8752; 8756-8772</b>				Depth Casing Shoe <b>11,324</b>				

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	452	575 circulated
12 1/4	9 5/8	2729	1300 circulated
8 3/4	7	11,324	2100
6 1/8	4 1/2	10,923-12,949	275 <b>Port ID-2 11-8-91</b>

**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 <b>August 9, 1991</b>	Date of Test <b>August 20, 1991</b>	Producing Method (Flow, pump, gas lift, etc.) <b>pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure <b>30 psi</b>	Choke Size <b>1"</b>
Actual Prod. During Test	Oil - Bbls. <b>22</b>	Water - Bbls. <b>9</b>	Gas - MCF <b>72</b>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puol, 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.

*Troy V. Compton*  
Signature  
**Troy V. Compton** Vice Pres. Production  
Printed Name Title  
Date **September 9, 1991** Telephone No. **(915) 684-8051**

**OIL CONSERVATION DIVISION**

Date Approved **OCT 29 1991**

By **ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II**  
Title

**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 a log 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.