

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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JUN 29 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA OFFICE

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

STEVENS OPERATING CORPORATION

Address

P. O. Box 2408, Roswell, NM 88201

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
HANAGAN/FEDERAL	1	Wildcat <i>Acres Slope</i>	State, Federal or Free Federal	NM19421A
Location				
Unit Letter	D	660 Feet From The North Line and 660 Feet From The West		
Line of Section	11	Township 7S	Range 26E	Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Transwestern Pipeline Co.</i>	<i>P.O. Box 2521 Houston TX 77001</i>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input checked="" type="checkbox"/> When <i>10-1-82</i>

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

Designat: Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1/9/82	6/4/82	6149'	5221'					
Elevations (DI, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3745 GR	Abo	4271'	4162'					
Perforations			Depth Casing Shoe					
12,12.5,4290,91,91.5,92,93.5,94,5999.5,6000,6000.5,01,02,02.5,06,07								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	8 5/8"	930'	600 SXS, 200 SXS
8 7/8"	5 1/2"	6149'	220 SXS, 350 SXS
	2 3/8"	4162'	

## 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)

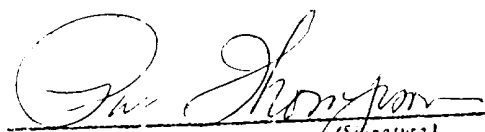
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
28.0 CAO/F	24 hrs		---
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	632	---	---

## 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.



Production Coordinator

June 28, 1982

(Date)

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 7 1983, 19BY Original Signed By  
Leslie A. ClementsTITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

# STEVENS OPERATING CORPORATION

118 WEST FIRST STREET  
P. O. BOX 2203  
ROSWELL, NEW MEXICO 88201  
505 /622-7273

June 28, 1982

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O. C. D.  
ARTESIAL OFFICE

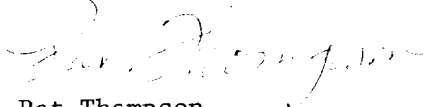
<sup>A</sup>  
RE: Hanagan Federal ~~X~~ #1  
Sec 11, T7S, R26E  
Chaves County, New Mexico

The following is a deviation survey on the above mentioned well.

<u>DEPTH</u>	<u>DEVIATION</u>
930'	3/4°
1412'	3/4°
2288	1/2°
2936'	1/2°
3581'	1/2°
3998'	1°
4098'	1°
4666'	3/4°
4920'	1 1/2°
5480'	3/4°
5985'	1 1/2°
6149'	2°

Sincerely,

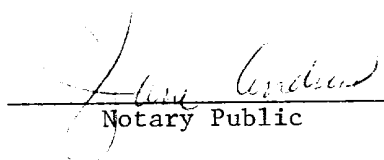
STEVENS OPERATING CORPORATION

  
Pat Thompson  
Production Coordinator

Subscribed and sworn to before me this 28th day of June, 1982.

My commission expires:

11-13 83

  
Notary Public

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

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JAN 05 1983

O. C. D.  
ARTESIA OFFICE

NOTICE OF GAS CONNECTION

DATE January 3, 1983

This is to notify the Oil Conservation Division that connection for the  
purchase of gas from the Stevens Operating Corp. ✓  
Operator

Hanagan - Federal "A"  
Lease

Well #1 - Unit Letter <sup>D</sup>Unknown  
Well Unit

11-7S-26E, Chaves County  
S.T.R.

*Ramon Lopez*  
Undesignated (Abo)  
Pool

Transwestern  
Name of purchaser

was made on December 29, 1982

Transwestern Pipeline Company  
Company

*H. N. Aicklen* H. N. Aicklen  
Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Division - Santa Fe