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

State of New Mexico
Regy, Minerals and Natural Resources Departm

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

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 JAN 4 1994
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: PECOS RIVER OPERATING, INC. ✓ 17081 Well APT No. 30-005-62996
Address: P. O. Box 1675, Roswell, NM 88202
Reason(s) for Filing (Check proper box):
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE
Lease Name: HANAGAN FEDERAL 8252 Well No. 5 Pool Name, Including Formation: PECOS SLOPE ABO 82730 Kind of Lease: State, Federal or Fee: NM 27634
Location: Unit Letter N : 660' Feet From The SOUTH Line and 1980' Feet From The WEST Line
Section 14 Township 7S Range 26E, NMPM, CHAVES County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Gas POD 2824087
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
COMANCHE GAS GATHERING LIMITED PARTNERSHIP 5949 SHERRY LN, STE 755, DALLAS, TX 75225
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?
N 14 17S 126E YES 12/29/93

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
11/8/93 12/29/93 4800' 4760'
Elevations (DF, RKB, RT, GR, etc.) 3771.9 GR Name of Producing Formation ABO Top Oil/Gas Pay 4490'
Perforations 4490' - 4510' 2 SPF Tubing Depth 4491'
Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 912' 360 SXS 4-1-94
7 7/8" 4 1/2" 4800'
2 3/8" 4491'

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 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
65 24 HRS 0 N/A
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
FLOW FIP 100 PSI FCP 160 PSI OPEN

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: PATRICIA I. GREENWADE AGENT
Printed Name: 12/30/93 (505)623-7161
Date: Telephone No.

OIL CONSERVATION DIVISION
Date Approved: JAN 25 1994
By: 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 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.