

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Houston Domestic Oil Company		
Address 1420 Americana Building, Houston, Texas 77002		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hannifin	Well No. 2	Pool Name, Including Formation Wildcat , Morrow R-5838	Kind of Lease State, Federal or Fee	Fee	Lease No. 16340
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 31 Township 9-S Range 30-E , NMPM, Chaves County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Producers Crude	Address (Give address to which approved copy of this form is to be sent) 2000 East Governor's Circle Suite K, Houston, Texas 77002				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) 7092 P.O. Box 1492, El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 31	Twp. 9-S	Rge. 30-E	Is gas actually connected? When Yes 8-26-78

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				X
Date Spudded 5-22-76	Date Compl. Ready to Prod. 8-10-78		Total Depth 9350'			P.B.T.D. 9326'		
Elevations (DF, RKB, RT, GR, etc.) 4000.5 Cr.	Name of Producing Formation Morrow		Top Oil/Gas Pay 9262'			Tubing Depth 9040'		
Perforations 9262'-66', 9282'-84', 9286'-92' (2Shots/ft.)						Depth Casing Shoe 9350'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		416'		450			
11	8 5/8"		2695'		868			
7 5/8"	5 1/2"		9350'		1375			
	2 3/8"		9040'					

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 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 6-5-78	Length of Test 4 Hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate ----
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2267 psig.	Casing Pressure (Shut-in) ----	Choke Size 6" Positive

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. C. Trained
(Signature)
Production Manager
(Title)
August 26, 1978
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 7 1978
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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

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

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

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

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