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	GAS	
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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

Operator McGrath & Smith, Inc.		
Address 418 Building of the Southwest, Midland, Texas 79701		
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 type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	This lease was formerly carried as Hanagan Petroleum Corp.-State Lease. Will now be designated as McGRATH & SMITH, INC.-HANAGAN STATE LEASE.
Recompletion <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>		

If change of ownership give name and address of previous owner
Hanagan Petroleum Corporation, Box 1737, Roswell, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanagan State	Well No. 1.	Pool Name, including Formation Lazy J-Penn	Kind of Lease State, Federal or Fee State	Lease No. K-4960
Location Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>13-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74101					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 21	Twp. 13-S	Rge. 33-E	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: No

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-25-68	Date Compl. Ready to Prod. 4-1-68		Total Depth 9828		P.B.T.D. 9773			
Elevations (DF, RKB, RT, GR, etc.) 4269 KB, 4256 GL	Name of Producing Formation Penn		Top Oil/Gas Pay 9719		Tubing Depth 9710			
Perforations 9719, 9721, 9723, 9725, 9751, 9753, 9761, 9763, 9765.					Depth Casing Shoe 9827			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4		360'		300 Sx.			
11 "	8-5/8		4030'		450 Sx.			
7-7/8"	5 1/2		9827'		250 Sx.			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

JB Taylor
(Signature)
Sup't.
(Title)
October 1, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 3 1969, 19
BY [Signature]
TITLE [Signature]

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.