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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I. Operator
Address **Hanagan Petroleum Corporation**
P. O. Box 1737, Roswell, New Mexico
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 1	Pool Name, Including Formation Lazy "J" - Penn	Kind of Lease State, Federal or Fee State	Lease No. K-4690
Location Unit Letter K ; 1650 Feet From The South Line and 2310 Feet From The West Line of Section 21 Township 13S Range 33E , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas			
Name of Authorized Transporter of Gas, Head Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	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. K 21 13S 33E	Is gas actually connected? No	Days 45 days		

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
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 GR	Name of Producing Formation Penn		Top Oil/Gas Pay 9719		Tubing Depth 9710			
Perforations 2 SPI: 9719, 21, 23, 25, 51, 53, 61, 63, & 65					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. Class H2%CaCl			
11"	8 5/8		4030		450sx. Class H6#Salt/sx			
7 7/8"	5 1/2		9827		250sx. Incor 7#salt/sx			
	2 7/8		9710					

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 3/31/68	Date of Test 4/10/68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 600 PSI	Casing Pressure Pkr.	Choke Size 32/64"
Actual Prod. During Test 556 Bbls	Oil - Bbls. 428	Water - Bbls. 128	Gas - MCF 759

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.

Hugh E. Hanagan
(Signature)
Vice President
(Title)
4/10/68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John W. Runyan**
TITLE _____

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.