1	NO. OF COPIES RECEIVED					
	DISTRIBUTION					
	SANTA FE					
	FILE					
	U.S.G.S.					
1.	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
	PRORATION OFFICE					
	Operator					
	Hanagan Petroleum					
	Address					
	P. 0. Box					
	Reason(s) for filing (Check proper box					
	New Well					
	Recompletion					
	Change in Ownership					

	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104			
	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE		AND	Fuective 1-1-02			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	LAND OFFICE		· · · · · · · · · · · · · · · · · · ·				
	TRANSPORTER OIL		• •				
	GAS						
	OPERATOR						
_	PRORATION OFFICE						
Operator							
		Componition					
	Hanagan Petroleum	corporation					
	Address						
	P. O. Box 1737, Ro	swell, New Mexico					
	Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas	з				
	Change in Ownership	Casinghead Gas Conden	sate				
	If change of ownership give name						
	and address of previous owner						
Ħ	DESCRIPTION OF WELL AND I	FASE					
44.	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Legse No.			
	Humble "X"	1 N. Morton Pe	ermo Penn Ext State, Federal	or Foo State K-4282			
	Location						
	I	30 West	e and 510 Feet From T	North			
	Unit Letter;1	30 Feet From The West Line	e and 510 Feet From T	he 110) 011			
	_	16 South 25	Fact 1.a-				
	Line of Section 6 Tow	mship 15 South Range 35	East , NMPM, Lea	County			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv				
	Service Pipeline C	ompany	3411 Knoxville Ave	.,Lubbock, Texas			
	Name of Authorized Transporter of Cas	Inghead Gas Or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)			
	Atlantic Richfield	Company	P. O. Box 2819, Da	illas. Texas			
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe				
	If well produces oil or liquids, give location of tanks.	C 6 15S 35E	No	February 15, 1969			
	<u> </u>						
		h that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
Decimate Type of Completion - (X)							
			Total Danis	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1			
	8/22/68	9/26/68	10,488'	10,482'.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	4065 KB	Permo Penn	10,456'	10.373'			
	Perforations			Depth Casing Shoe			
	4 SPI 10,456' & 10,458'						
		TUBING, CASING, AND	SEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	15"	11-3/4"	335	300 sx.			
	111	8-5/8"	45 5	400 sx.			
	7-7/8"	5-1/2"	10488	240 sx			
	7-7/0	2-3/8"	10373	1			
				and must be equal to or exceed top allow-			
V.	TEST DATA AND REQUEST FO	)RALLOWABLE (Test must be a) able for this de	iter recovery of total wolume of loca oil o pth or be for full 24 hours)	ing what he educat to or exceed top attom-			
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)			
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	I doing Pressure	Gazani, Francisco				
		OIL PAIR	Water-Bbis.	Ggs-MCF			
	Actual Prod. During Test	Oil-Bbis.	Adiet - Dote.	343-11101			
	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			
<b>%/</b> T	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION			
V 1.	CERTIFICATE OF COMPENSA	<b>, , , , , , , , , , , , , , , , , , , </b>					
		talana afaha Oil Canagawatian	TITE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened				
	I hereby certify that the rules and a Commission have been complied w	vith and that the information given					
	above is true and complete to the	best of my knowledge and belief.					
	Hugh C. Han	agan					
	(Sign)	atury)	well this form must be accompanied by a tabulation of the deviation				
	Augh C. Han (Sign)	<u>/</u>	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-				
	A I CE L LESTUEIT	ile)	All sections of this form musable on new and recompleted we	st be filled out completely for allow-			
	, -		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.				
	January 22, 1969						
(Date)			well name or number, or transporter, or other such change of constitution				

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.