Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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., Aziec, NM 87410

I.

REQUEST FOR	ALLOWABLE .	AND AUT	HORIZATION
TO TRANS	PORT OIL AN	D NATUE	AL GAS

Operator							Well	API No.				
Sidney Lanier							30	30-025-26527				
Address												
c/o Oil Report	ts & Gas	s Serv	ices	, Inc.,	P. O. H	Box 755,	Hobbs,	NM 8824	1			
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	lain)					
New Well		Change in										
Recompletion	Oil		Dry G			Effecti	ive May	1, 1990				
Change in Operator Lx	Casinghead	d Gas	Conde	nsate								
If change of operator give name and address of previous operator	ARCO O	il and	Gas	Compan	y, P. O.	box 171	LO. Hobb	s. NM 88	3240			
II. DESCRIPTION OF WELL												
Lease Name		Well No.	Pool N	lame, Includ	ing Formation	Jalmat		of Lease		ease No.		
W. F. Hanagan	. Hanagan 5 Tansill,			Yates, Seven Rivers			Federal Von Fee					
Location												
Unit Letter N	_ :76	50	Feet F	rom The _S	outh Lin	e and20	080 Fe	et From The	West	Line		
Section 12 Township	2.5	5 <u>S</u>	Range	36E	, N	MPM,	Lea	 		County		
III. DESIGNATION OF TRAN		·		ID NATU								
Name of Authorized Transporter of Oil		or Condens			Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	nt)		
Texas New Mexico Pipe	line Co					30x 2528.						
Name of Authorized Transporter of Casing		Lx_	or Dry	Gas		e address to wi	• • •			nt)		
El Paso Natural Gas (If well produces oil or liquids,	4 7	Sec.	Twp.	Pas	P. O. box 1492, El Pas Is gas actually connected? When			•				
give location of tanks.	I K	12	25	36	_	•	When					
f this production is commingled with that i					ing order num		_	6/4/80				
IV. COMPLETION DATA		 0. ,	, g.									
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	Pendu to	Denoted.		Total Depth	<u> </u>	<u> </u>	 DD TD	<u> </u>	.1		
Date Spuided	Date Comp	i. Keady io	PIOG.		Total Depti			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Po	oducina Eco			Top Oil/Gas Pay			Taking Day				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					l op on eas	,		Tubing Depth				
Perforations				L	Depth Casing Shoe							
								Dopp. Call				
	т	URING	CASI	NG AND	CEMENTO	NG RECOR	D	1				
HOLE SIZE	T	ING & TU			CENTERVIE	DEPTH SET			SACKS CEMENT			
17000 0,00	- OAG	-		J.E.		DEI III OET		GAGNO GEMENT				
· · · · · · · · · · · · · · · · · · ·			a									
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE									
OIL WELL (Test must be after re	covery of lot	al volume o	of load	oil and must	be equal to or	exceed top allo	owable for this	depth or be j	for full 24 hour	·s.)		
Date First New Oil Run To Tank	Date of Test	t			Producing Me	sthod (Flow, pu	ımp, gas lift, e	tc.)				
								T=	G 1 6:			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size	Choke Size					
							C NCT					
Actual Prod. During Test Oil - Bbls.					Water - Bbls.		Gas- MCF					
								L	· · · · · · · · · · · · · · · · · · ·			
GAS WELL												
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-	in)		Casing Press	ire (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMP	TAN	ICE	1		<u>-</u>	1				
				NCL	(DIL CON	ISERV	I NOITA	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				1111								
is true and complete to the best of my knowledge and belief.				Date Approved JUL 2 4 1990								
					Daie	Approve	·	- rej				
Maxale Volin						Edd:	M C.	_				
Signature				By Eddie W. Segy								
Donna Holler Agent Printed Name Title				By <u>Eddie W. Seay</u> . O il & Gas Inspector								
			Title		Title		···-					
6/19/90 Date		50 Telen	15 - 39 hone N	3-272 7								
			-		11							

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.

