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OPERATOR		5
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
CHANGE IN OPERATOR NAME FROM:
HANSON OIL COMPANY
TO
HANSON OIL CORPORATION
EFFECTIVE: APRIL 1, 1970

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

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JUL 2 1969

O. C. C.

ARTESIA, OFFICE

I. Operator
~~Hanson Oil Company~~

Address
P. O. Box 1515, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Southern Union	Well No. 1	Pool Name, Including Formation North Hackberry Yates <i>SR</i>	Kind of Lease State, Federal or Fee Fed.	Lease No.
Location Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>19-S</u> Range <u>31-E</u> , NMPM, <u>Eddy</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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 30	Twp. 19-S	Rge. 31-E	Is gas actually connected? No	When Unknown

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-24-69	Date Compl. Ready to Prod. 7-1-69		Total Depth 2150'		P.B.T.D. 2148'			
Elevations (DF, RKB, RT, GR, etc.) 3451' DF	Name of Producing Formation Yates Formation		Top Oil/Gas Pay 1967'		Tubing Depth 1900'			
Perforations 1 SPF @ 1967, 1970, 1974, 1985, 1989, 1991, 2002 1/2, and 2009'					Depth Casing Shoe 2150'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8-5/8"		574'		200 SX.			
8"	5-1/2"		2150'		200 SX.			
	2 3/8"		1900					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 7-1-69	Date of Test 7-1-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 65	Water-Bbls. 0	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.

Harry F. Schuman
(Signature)

Manager
(Title)

July 2, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *W. A. Grossett*
TITLE OIL AND GAS INSPECTOR

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.