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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

RECEIVED

JUN 1 1966

S. D. C.
 AREA OFFICE

Operator American Petroleum Company of Texas
 Address P. O. Box 111, Big Spring, Texas
 Reason(s) for filing (Check proper box)
 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 Petroleum Corporation of Texas, P. O. Box 111, Big Spring, Texas

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hansen Federal</u>	Well No. <u>14</u>	Pool Name, including Formation <u>Mason Delaware, North</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>H</u> ; <u>990</u> Feet From The <u>East</u> Line and <u>100</u> Feet From The <u>North</u> Line Line of Section <u>10</u> Township <u>26S</u> Range <u>10E</u> , NMPM, <u>3rd</u> County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Western Oil Trans. Co., Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 210, Midland, Texas</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>1001 Bell, Phillips Building, Conway, Texas</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>25</u>	Twp. <u>26S</u>
	Rge. <u>10E</u>	Is gas actually connected? <u>Yes</u>	When <u>February 1, 1960</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Casing Pressure	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.

David Day
 (Signature) David Day
 Chief Production Clerk
 (Title)
 May 18 1966
 (Date)

OIL CONSERVATION COMMISSION
 JUN 2 1966
 APPROVED _____, 19____
 BY M. J. Armstrong
 TITLE 32 300 043 17028 730

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 Sections I, II, III, and VI only 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 multiple completions.