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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
AUG 3 1976
O. C. C.
ARTESIA, OFFICE

Operator: Hanson Oil Corporation ✓

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

Reason(s) for filing *(Check proper box)*
- New Well [X]
- Recompletion [ ]
- Change in Ownership [X]

Change in Transporter of:
- Oil [ ]
- Casinghead Gas [ ]
- Dry Gas [ ]
- Condensate [ ]

Other *(Please explain)*: CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-1-76 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

If change of ownership give name and address of previous owner: Kincheloe + Decker 859 Petr. Bldg. Roswell New Mexico 88201

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Gulf Federal	1	~~Wildcat Delaware~~ ~~Undes~~ Southeast Sulphate Delaware	Federal	NM14124

Location: Unit Letter M ; 660 Feet From The S Line and 660 Feet From The West

Line of Section 12 Township 25-S Range 26-E , NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	12	25S	26E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-20-76	7-11-76	2000'	1956

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3290.5 GR	Deleware	~~1898'~~ 1928	1950'

Perforations: 1928-36, 1942-48, ~~1962-70~~

Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	205'	150 sx., circ.
7-7/8"	4-1/2"	1996'	175 sx.
	2 3/8"	1950	

Posted ID-3 8-13-76

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
7-13-76	7-15-76	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
28 bbls.	4 bbls.	24 bbls.	-0-

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.

Ray White
(Signature)

Vice President/Production
(Title)

August 2, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 9 1976, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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.