

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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-11
Effective 1-1-65

RECEIVED

Operator
Hanson Oil Corporation

NOV 8 1976

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

O. C. C.

OFFICE

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)

CASE NO. 1-1-77
IS REOPENED
Ep. 2-200

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fasken Federal	Well No. #1	Pool Name, Including Formation Deleware Undes.	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>I</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>11</u> Township <u>25-S</u> Range <u>26-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"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210					
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 <u>I</u>	Sec. <u>11</u>	Twp. <u>25-S</u>	Pge. <u>26-E</u>	Is gas actually connected? <u>No</u>	When

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <u>9-15-76</u>	Date Compl. Ready to Prod. <u>10-15-76</u>	Total Depth <u>2083'</u>		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3319' G.L.</u>	Name of Producing Formation <u>Deleware Sand</u>		Top Oil/Gas Pay <u>1977'</u> (top of Dele. Sand)		Tubing Depth <u>1914'</u>				
Perforations <u>1977' - 1980'</u> and <u>1990' - 2002'</u>		Depth Casing Shoe <u>2083'</u>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>210'</u>		<u>150 sx. - circ.</u>				
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>2050'</u> <u>2053</u> <u>1914</u>		<u>175 sx.</u>				
		<u>2 3/8"</u>							

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 <u>10-15-76</u>	Date of Test <u>10-15-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>60</u>	Casing Pressure <u>80</u>	Choke Size <u>1 1/4"</u>
Actual Prod. During Test <u>35</u>	Oil-Bbls. <u>20</u>	Water-Bbls. <u>15</u>	Gas-MCF <u>None</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Willis
(Signature)

Vice President - Production

(Title)

November 4, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED 10/15/76, 19

BY W. C. Gussert

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.