			1	
NO. OF COPIES RECEIVED			1	
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	-	
SANTA FE		REQUEST FOR ALLOWABLE  AND  Form C-104  Supersedes Old C-104  Effective 1-1-65		
FILE				
U.S.G.S.	AUTHORIZATION TO THE	RANSPORT OIL AND NATURA	AL CAS	
LAND OFFICE			4	
TRANSPORTER OIL / GAS		NSPORTER CHANGED FROM SHELL L COMPANY TO SHELL PIPE LINE	AND THE RESIDENCE OF THE PARTY	
OPERATOR 2		RPORATION EFFECTIVE 12/31/69		
PRORATION OFFICE	CUI	RPURATION EFFECTIVE SE,		
Operator Tagana Dat	molecum Comment'		NOV 3 9 1967	
Address	roleum Corporation		1,0,1	
	Prive, San Antonio, Tex	a  78200	DIST. 3	
Reason(s) for filing (Check proper be	ox)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry (	Gas		
Change in Ownership	Casinghead Gas Cond	ensate		
If change of ownership give name and address of previous owner	None			
. DESCRIPTION OF WELL ANI				
Hanson	Well No. Pool Name, Including  11 South Hospah	' ' ' '	Ledse No.	
Location	11 Southinospan	LOWER Sand State, Fe	ederal or Fee Federal NM0529	
Unit Letter K; 20	40 Feet From The South L	ine and 1660 Feet F	rom The West	
Line of Section 6 T	ownship 17N Range	8W , NMPM, McF	Kinley County	
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL G			
Name of Authorized Transporter of O	il X or Condensate		pproved copy of this form is to be sent)	
Shell Oil Com	<b>Da</b> n <b>v</b>	Farmington, New		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)	
None		-	, , , , , , , , , , , , , , , , , , , ,	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	K 6 17N 8W	-	-	
If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool	, give commingling order number:	Not commingled	
Designate Type of Complet	con = (X) Oil Well Gas Well $X$	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v	
		X		
Date Spudded 10/7/67	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1546 RKB	•	
6886 GL, 6894 RKB		Top Oil/Gas Pay	Tubing Depth	
Perforations	Lower Hospah Gallup	1544 RKB	1502 G. L.	
•	en Hole (4-3/4")		Depth Casing Shoe	
		D CEMENTING RECORD	1541 RKB	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8"	63' G. L.	40 sacks	
7-7/8	5-1/2"	1541 RKB	60 sacks Class "C"	
TEST DATA AND REQUEST F		after recovery of total volume of load	oil and must be equal to or exceed top allou	
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours)  Producing Method (Flow, pump, ga	s lift. etc.)	
10/22/67	10/25/67			
Length of Test	Tubing Pressure	Pump Casing Pressure	Choke Size	
24 hours	None	None	None	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
33. 35	32.95	0.40	TSTM	
CAC WITH T				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Genreity of Condessate	
-		Data: Colidanada/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COURT	OF.			
CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVEDNOV	APPROVED NOV 29 1967 19	
		,		
above is true and complete to the	best of my knowledge and belief.	Boriginal Signed by	Emery C Amoid	
!!		Boriginal Signed by Emery C. Arnold SUPERVISOR DIST. #3		

Petroleum Engineer

November 20, 1967

(Title)

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.

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.

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.