

BUREAU FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL GAS
 OPERATOR
 PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes Old Form and Over
 Effective 1-1-65

Operator Hanson Operating Company, Inc.

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

Reason(s) for filing (Check proper box) Other (Please explain) Effective July 1, 1982,
 New Well Change in Transporter of: Change Operator Name from:
 Recompletion Oil Dry Gas Hanson Oil Corporation
 Change in Ownership Casinghead Gas Condensate P. O. Box 1515, Roswell, New Mexico 88201

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE
 Lease Name Cactus Federal Well No. 3 Pool Name, including Formation Pearl-Queen Kind of Lease Federal Lease No. NM-06413
 Location
 Unit Letter D ; 660 Feet From The West Line and 330 Feet From The North
 Line of Section 6 Township 20-S Range 35-E , NM34 Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Permian Corporation **Permian (Eff. 9 / 1 / 87)** Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 - Houston, TX 77001
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum, Co. Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 - Tulsa, OK 74102
 Does well produce oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Range
<u>D</u>	<u>6</u>	<u>20-S</u>	<u>35-E</u>

Is gas being produced? Yes When? 4/19/62

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

COMPLETION DATA
 Designate Type of Completion - (X)

Oil Well	Gas Well	Flow Well	Flow Well	Flow Well	Flow Well
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 Date Spud Date Compl. Ready to Prod. Total Depth F.W. F.D.
 Deviations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top of Main Flow Tubing Length
 Perforations Depth Casing Plug

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENTED

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
 Site First New Oil Run To Tanks Date of Test Production Method (Flow, pump, gas lift, etc.)
 Depth of Test Tubing Pressure Casing Pressure Casing Size
 Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

ANSWERS
 Actual Prod. Test-MCF/D Length of Test F.W. Casing Pressure (psi) Gravity of Condensate
 Testing Method (Flow, back pt.) Tubing Pressure (psi) Casing Pressure (psi) Casing Size

DECLARATION 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.
Richard J. Cornea
 Production Analyst
4/25/82
 (Signature) (Title) (Date)

OIL CONSERVATION COMMISSION
 APPROVED **JUL 23 1982** BY
 BY
 TITLE
 This form is to be filed in compliance with Rule 1104.
 If this form is filed for allow. for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation test taken on this well in compliance with Rule 1111.
 All sections of this form must be filled out completely for allowable on all newly drilled wells.
 Fill out only Sections I, II, III, and VI for change of owner, and Sections IV, V, and VII for change in change of conditions.