

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICER	

Operator
C. W. Trainer

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:
Oil Dry Gas
Casinghead Gas Condensate

Other (Please explain)
Effective 7/1/79

If change of ownership give name and address of previous owner
Flag-Redfern Oil Company, Box 23, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE

Lease Name Hanson State	Well No. 1	Pool Name, including Formation Salt Lake Bone Springs	Kind of Lease State, Federal or Free State	Lease No. L-641
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West	Line of Section 13	Township 20 S	Range 32 E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 N Sec. 13 Twp. 20S Rge. 32E is gas actually connected? No When

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	New Well	Workover	Deepen	Plug Back	Same Well as
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.R.T.D.				
Elevations (DF, RNB, RT, CR, etc.)	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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil able 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 (pilot, back pr.)	Tubing Pressure (bblt-in)	Casing Pressure (bblt-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and the information given above is true and complete to the best of my knowledge and belief.

(Signature)
Agent

June 21, 1979

OIL CONSERVATION DIVISION

JUN 22 1979

APPROVED _____, 19____
BY **Orig. Signed [Signature] Jerry Benton**
Dist 1, Supv

This form is to be filed in compliance with RULE 111.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, D, III, and VI for changes of owner, well name or number, or transporter, or other such changes of conditions.
Separate Form E-104 must be filed for each pool in multiple completed wells.

RECEIVED

JUN 21 1979

**OIL CONSERVATION COMM.
HOBBS, N. M.**