

**OIL CONSERVATION DIVISION**

**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

RECEIVED

JUN 18 1993

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**I.**

Operator HANSON OPERATING COMPANY, INC.	Well API No. 30-015-20542
Address P.O. Box 1515, Roswell, New Mexico 88202-1515	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Change Name of Well from: Keinath #3
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change Name To: Benson Shugart Waterflood Unit #13
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> EFFECTIVE: June 1, 1993

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Benson Shugart Waterflood Unit	Well No. #13	Pool Name, Including Formation Shugart-Yates-SR-Q- GR	Kind of Lease State, Federal or Fee	Lease No. NM-01375
Location Unit Letter _____ : _____ 2310 Feet From The South Line and 330 Feet From The West Line Section 25 Township 18S Range 30E, NMPM, Eddy 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"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, Texas 77210-4648
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   Sec.   Twp.   Rge.   Is gas actually connected?   When ? N   25   18S   30E

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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
			Port ID-3
			6-25-93
			chg well name

**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 Tank	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

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

*Patricia A. McGraw*  
 Signature  
 Patricia A. McGraw Production Analyst  
 Printed Name  
 June 17, 1993 505/622-7330  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JUN 21 1993

By ORIGINAL SIGNED BY  
 MIKE WILLIAMS  
 Title SUPERVISOR, DISTRICT II

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.