

NO. OF COMPLETIONS	5
DISTRICT	
SANTA FE	1
FILE	1
U.S.G.S.	
LANDS OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

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

Form O-104
 Approved for Oil, Gas, and G.O.P.
 January 1967

ILLEGIBLE

Operator:
EL PASO PRODUCTS COMPANY

Address:
 Post Office Box 1560, Farmington, New Mexico 87401

Reason(s) for filing (check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Owner (Please Print):
 Effective Date 11-1-67
 Change in Name from Hanson B No. 1 to Hanson B No. 2

If change of ownership give name and address of previous owner: Gallegos Gallup Sand Unit, Skelly Oil Company Operator, Farmington, N. M. 87401

III. IDENTIFICATION OF WELL AND LEASE

Lease Name Hanson B	Well No. 2	Pool Name, including Formation Gallegos Gallup Pool	Kind of Lease State, Federal, or Fed. Federal	Lease No. SF-078391-C
Section K	1980	Feet From The South	Line and 1980	Feet From The West
Line of Range 36	Township 27 North	Range 13 West	NMPM, San Juan	County

IV. TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Post Office Box 3119, Midland, Texas 79701
Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Post Office Box 990, Farmington, N. M. 87401
Is well producing oil or liquids, production or not?	Unit Sec. Twp. Rge. is gas actually connected? When
F 36 27N 13W	Yes 1-8-60

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Revent. Diff. Per. V.
(X)							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (OF, R.R., 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

VI. TEST DATA AND REQUEST FOR ALLOWABLE (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	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
Grav. Well	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.

William K. Sawyer
 (Signature)
 (Title)
 November 6, 1967
 (Date)

OIL CONSERVATION COMMISSION
 NOV 9 1967

APPROVED _____
 BY Original Signed by Emery C. Arnold
 SUPERVISOR DIST. #3

TITLE _____

This form is to be filed in the _____
 It is a request for _____
 All sections of this form must be filled out completely and legibly on new and recycled paper.
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.
 Separate Forms C-104 must be filed for each well in multiple completed wells.