

NEW MEXICO OIL CONSERVATION COMMISSION
 DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL
 GAS
 OPERATOR
 PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 HOBBS AND OIL FIELD C.C.C.
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
 AUG 11 11 55 AM '67

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

CHANGE IN NAME OF OPERATOR
 CHANGE IN OPERATOR NAME FROM
HANSON OIL COMPANY
 TO
HANSON OIL CORPORATION
 EFFECTIVE: APRIL 1, 1970

Ernest A. Hanson
 P. O. Box 1515, Roswell, New Mexico, 87649

FROM: ERNEST A. HANSON
 TO: HANSON OIL COMPANY

Reason(s) for filing (Check proper box)

New Well Change In Transporter of:
 Oil Dry Gas
 Reopening Casinghead Gas Condensate
 Change in ownership

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mescalero Ridge Unit	Well No. 10	Pool Name, Including Formation Pearl Queen	Kind of Lease NM 052
Location			State, Federal or Fee Federal
Unit Letter P	990 Feet From The South Line and 660 Feet From The East		
Line of Section 35	Township 19 South	Range 34 East	NMPM, Lea 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"/> Ridge Pipeline Company, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1515, Roswell, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks. Unit J Sec. 35 Twp. 19S Rge. 34E	Is gas actually connected? Yes When

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

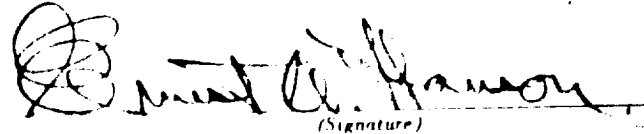
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.


 Ernest A. Hanson
 (Signature)

Operator
 (Title)

August 9, 1967
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____

BY _____
 TITLE _____

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.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out Sections I, II, III, and VI only for changes of owner, 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.