

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL
GAS

OPERATION

PRORATION OFFICE

Operator

Hanson Oil Corporation

Address

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

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Effective

12-1-80

Dry Gas

Condensate

Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Max Gutman

Well No.

2

Pool Name, including Formation

Paddock

Kind of Lease

State, Federal or Fee

Fee

Lease No.

Location

Unit Letter

L

2080

Feet From The

South

Line and

590

Feet From The

West

Line of Section

19

Township

22-S

Range

38-E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

The Permian Corporation

Address (Give address to which approved copy of this form is to be sent)

P. O.Box 1183, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas

Warren Petroleum Corporation

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1589, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks.

Unit

K

Sec.

19

Twp.

22S

Rge.

38E

Is gas actually connected?

Yes

When

TSTM

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

DHC-307, PC-589

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res't.

Diff. Res't.

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

TEST DATA AND REQUEST FOR ALLOWABLE II. WELL

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

AS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Casing Method (shot, back pr.)

Tubing Pressure (shot-in)

Casing Pressure (shot-in)

Choke Size

CERTIFICATE OF COMPLIANCE

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

Signature

Production Analyst

November 18, 1980

OIL CONSERVATION COMMISSION

APPROVED

NOV 20 1980

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.