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| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

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

JUN 11 55 AM '66

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

I. OPERATOR

Operator: **Ernest A. Hanson**

Address: **P. O. Box 1515, Roswell, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well: Change in Transporter of:

Recompletion: Oil Dry Gas

Change in Ownership: Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|-----------------------------------|---|--|---|
| Lease Name Ramsay State | Well No. 1 | Pool Name, Including Formation Scarborough - Yates | Kind of Lease State, Federal or Fee State |
| Location | | | |
| Unit Letter A | ; 330 Feet From The North Line and 330 Feet From The East | | |
| Line of Section 12 | , Township 26 South | Range 36 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"/> McWood Corporation | Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Building, Midland, Texas |
| 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 A Sec. 12 Twp. 26-S Rge. 36-E Is gas actually connected? No When Unknown |

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 <input checked="" 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. <input type="checkbox"/> |
| Date Spudded 4-21-66 | Date Compl. Ready to Prod. 5-10-66 | Total Depth 3305' | | P.B.T.D. 3060' | | | | |
| Pool Scarborough | Name of Producing Formation Yates | Top Oil/Gas Pay 2956' | | Tubing Depth 2924' | | | | |
| Perforations 2956-82' (prod.) 3092-3134, 3159-92, 3220-55 (squeezed). | | | | | | Depth Casing Shoe 3298' | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 342' | | 225 sx. | | | |
| 7-7/8" | 5-1/2" | | 3298' | | 150 sx. | | | |

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)

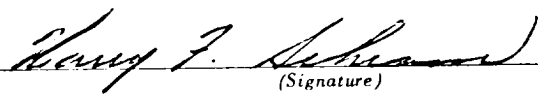
| | | | |
|---|--------------------------------|---|------------------------|
| Date First New Oil Run To Tanks 5-10-66 | Date of Test 5-10-66 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test | Oil-Bbls. 144 | Water-Bbls. 10 | 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.


(Signature)
Ernest A. Hanson
Explor. Mgr.
(Title)
May 12, 1966
(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.