

DISTRIBUTION			
ANTAFE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ILE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<input checked="" type="checkbox"/>	
	GAS	<input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>	
PRORATION OFFICE			

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

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

RECEIVED

Operator Mountain States Petroleum Corp. MAY 26 '88

Address P. O. Box 1936 Roswell, New Mexico 88201 O. C. D.

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

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

If change of ownership give name and address of previous owner D. L. Hannifin Operating Company P O Drawer 2588 Roswell, N M 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hanlad</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Sams Ranch Grayburg Gas</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>NM 8363</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>15</u> Township <u>14</u> South Range <u>28</u> East, NMPM, <u>Chaves</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>4th & Washington, Odessa, TX 79760</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Phillips</u>	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 <u>A</u>	Sec. <u>15</u>
	Twp. <u>14</u>	Rge. <u>28</u>
	Is gas actually connected? <u>Yes</u> When <u>11-16-77</u>	

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.
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
			<u>Part ID-3</u>
			<u>6-10-88</u>
			<u>chg op</u>

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 oil able 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Ruby Wickersham
(Signature)
Clerk

(Title)

May 1, 1988

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 9 1988, 19

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions. Separate Form C-104 must be filed for each well in such