ANTA FE		
ILE		
.S.G.S.		
AND OFFICE		
RANSPORTER	OIL	
	GAS	
PERATOR		
RORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

C/SA

RECEIVED
JUN 28 1982
O. C. D.
ARTESIA, OFFICE

erator: Hanson Operating Company, Inc. ✓

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

ason(s) for filing *(Check proper box)*

- w Well ☐
- completion ☐
- ange in Ownership ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other *(Please explain)* Effective July 1, 1982
Change Operator Name from:
Hanson Oil Corporation
P. O. Box 1515, Roswell, NM 88201

hange of ownership give name and address of previous owner ______

SCRIPTION OF WELL AND LEASE

ase Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Hitchcock B Federal	1	Dog Canyon Grayburg	Federal	LC-062619-C

cation

Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East

Line of Section 28 Township 16-S Range 27-E , NMPM, Eddy County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

me of Authorized Transporter of Oil ☒ or Condensate ☐: The Permian Corporation **Permian (Eff. 9 / 1 /87)**

Address *(Give address to which approved copy of this form is to be sent)*: P. O. Box 1183, Houston, Tx 77001

me of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

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

vell produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	28	16-S	27-E	No	

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

MPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

e Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
vations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
forations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST 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)

WELL

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

Posted ID-3 7-30-82

S WELL

ual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ting Method *(pitot, back pr.)*	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

TIFICATE OF COMPLIANCE

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

Le Hora J. Torres
(Signature)

Production Analyst
(Title)

6/25/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1982, 19

BY Mike Williams

TITLE **OIL AND 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 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.