

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

12018 1992

O. C. D.
W.I.W.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hanson Energy		Well APN No. 3001501248
Address R. 342 S. Haldeman Rd. Artesia, N.M. 88210		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Effective December 1, 1992
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Changes in Operator ☒		
If change of operator give name and address of previous operator Happy Oil Company Box 770, Artesia, N.M. 88210		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Saunders A	Well No. 2	Pool Name, Including Formation Empire Yates SR	Kind of Lease State, Federal or BLM	Lease No. LC048491A
Location Unit Letter <u>E</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>17S</u> Range <u>27E</u> <u>NMPM</u> <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.
	Twsp.	Rge.
		Is gas actually connected?
		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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Test 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		

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 ion allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>1-8-93</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>Edg</u>

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Kathie Hanson

Secretary

Printed Name

12/10/92

Date

Title

746-2262

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 5 1992

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT I

INSTRUCTIONS: This form is to be filed in compliance with Rule 110.

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.