

RECEIVED

JAN 11 1983

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |                                     |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED |                                     |
| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.O.B.               | <input checked="" type="checkbox"/> |
| LAND OFFICE            | <input checked="" type="checkbox"/> |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PROMOTION OFFICE       | <input checked="" type="checkbox"/> |
| Operator               |                                     |

HANOVER PETROLEUM CORPORATION, C/O Penroc Oil Corporation (Agent) ✓

Address

P. O. Drawer 831, Midland, Texas 79701

Reason(s) for filing (Check proper box)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input type="checkbox"/>            |

Other (Please explain) effective 1-1-83

Western Crude Oil, Inc. name changed to  
Getty Trading and Transportation Co.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                             |                   |
|-----------------|----------|--------------------------------|-----------------------------|-------------------|
| Lease Name      | Well No. | Pool Name, including Formation | Kind of Lease               | Lease No.         |
| State           | 2        | Empire Abo                     | State, Federal or Fee State | B-4575            |
| Location        |          |                                |                             |                   |
| Unit Letter     | P        | 360 Feet From The              | South Line and              | 330 Feet From The |
| Line of Section | 28       | Township                       | 17S                         | Range             |
|                 |          |                                | 28E                         | , NMPM,           |
|                 |          |                                |                             | Eddy              |
|                 |          |                                |                             | Count:            |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Getty Trading and Transportation Company   | P.O. Box 1142, Midland, Texas 79702                                      |
| 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) |
| Phillips Petroleum Company   | Bartlesville, Oklahoma   |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge.  |
| N 27 17S 28E   | Is gas actually connected? When  |
|  | Yes 3-15-71  |

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

## COMPLETION DATA

|                                    |                             |                 |                   |          |        |           |             |           |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|-----------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Res't. | Diff. Res |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |           |
| Elevations (DF, RAB, 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

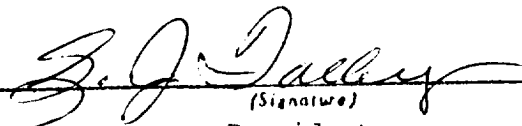
TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top all  
able for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| 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 (spiral, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## 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.

President

(Title)

1-10-83

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 13 1983, 19

Original Signed By

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 deeper  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow  
well name or number, or transporter, or other such change of conditlSeparate Forms C-104 must be filed for each pool in multl  
compleated wells.