

FILE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
PERATOR		
ORATION OFFICE		
erator		

REQUEST FOR ALLOWABLE
AND
HORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

JUN 28 1982

O. C. D.
ARTESIA, OFFICE

Hanson Operating Company, Inc.

Address P. O. Box 1515, Roswell, New Mexico 88201

Person(s) for filing (Check proper box)

Well	☐	Change in Transporter of:
Completion	☐	Oil ☐ Dry Gas ☐
Change in Ownership	☐	Casinghead Gas ☐ Condensate ☐

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

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kennedy Farm Comm.	1	Kennedy Farms Morrow	State, Federal or Fee Fee	

Unit Letter	F	1980	Feet From The	North	Line and	2310	Feet From The	West
Line of Section	34	Township	17-S	Range	26-E	NMPM	Eddy	County

SIGNATURE 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)					
Navajo Crude Oil Purchasing	P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77001					
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	34	17-S	26-E	Yes	11-5-74

If 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't.
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
ations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
ations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
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)

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
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Well	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Total Prod. Test-MCF/D			
Testing Method (pump, back pr.)	Tubing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size

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 is in true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Production Analyst
(Title)
6/29/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1982
BY Mike Williams
OIL AND GAS INSPECTOR
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.