

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1989, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1630 Rio Brazos Rd., Aztec, NM 87410

Oil, Gas, Minerals and Natural Resources Department

See Instructions  
at Bottom of Page

4/9/92  
1-8-93  
of

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator **Hanson Energy** ✓  
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: ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Effective December 1, 1992  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐  
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** Well No. **11** Pool Name, Including Formation **Red Lake Q, G, SA** Kind of Lease **State, Federal or Foreign** Lease No. **LC064023**  
Location Unit Letter **J** : **2310** Feet From The **South** Line and **1650** Feet From The **East** Line  
Section **13** Township **17S** Range **27E** NMPM **Eddy** 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) **Drawer 159, Artesia, N.M. 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) **4004 Penbrook, Odessa, Tx**  
If well produces oil or liquids, give location of tanks. Unit **P** Sec. **13** Twp. **17S** Rge. **27E** Is gas actually connected? **yes** When? **9/20/78**

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. \_\_\_\_\_ 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 \_\_\_\_\_

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 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 **posted 1-8-93**  
Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas - MCF **4 kg or**

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. 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 **746-2262**  
Date **12/10/92** Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION  
Date Approved **JAN - 5 1992**  
By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104  
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.