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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

APR 05 1983

O. C. D.
ARTESIA OFFICE

Warren Hanson DBA Hanson Energy ✓

Address
Rt. 1, Box 60 Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

Other (Please explain)

(Change of ownership give name and address of previous owner) W. H. George Jr. Box 1393 Eagle Pass, Tx. 78852

DESCRIPTION OF WELL AND LEASE

Lease Name State B	Well No. 7	Pool Name, including Formation East Empire Yates Seven Rivers	Kind of Lease State, Federal or Fee State	Lease No. B-1111
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>S</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave. Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Ok. 74004
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>28E</u>	Is gas actually connected? <u>yes</u> When <u>3/30/79</u>

(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'v.	Diff. Res'v.
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 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
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 (pilot, 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.

Warren Hanson
(Signature)

Secretary

(Title)

4/5/1983

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 07 1983, 19

Original Signed By
BY Leslie A. Clements
Supervisor District II

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.

Separate Form C-104 must be filed for each pool in multiple completed wells.