

OIL CONSERVATION DIVISION

Drawer DD Artesia, NM.

DISTRICT OFFICE #2

Jan. thru Apr. 1985
NO. 2255 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE April 30, 1985

PURPOSE ALLOWABLE ASSIGNMENT - NEW WELL

Effective April 4, 1985 an allowable of 1 barrel of oil per day is hereby assigned to James Warren Hanson, Harbold #15-C-35-17-27 in the Empire Yates Seven Rivers Pool.

L - F

MP - P

Apr. Total - 27 bbls.

Form. - Empire Yates/SR
Perfs. - 410' - 416'
TD - 416'
Comp. - 4-4-85

LAC:fc

James Warren Hanson

NRC

OIL CONSERVATION DIVISION

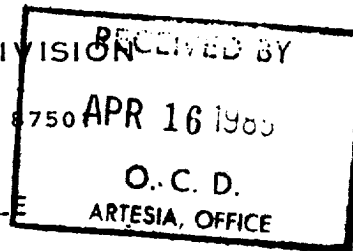

DISTRICT SUPERVISOR

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
James Warren Hanson 'dba ~~Hanson Energy~~

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harbold	Well No. 15	Pool Name, including Formation Empire Yates 7 Rivers	Kind of Lease State, Federal or Fee Fed.	Lease No. LC050158
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>N</u> Line and <u>2200</u> Feet From The <u>W</u> Line of Section <u>35</u> Township <u>17S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, N.M. 88210
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)
If well produces oil or liquids, give location of tanks.	Unit : <u>0</u> Sec. : <u>26</u> Twp. : <u>17</u> Rge. : <u>27</u>
Is gas actually connected?	When <u>Post IO-2</u> <u>5-3-85</u> <u>Comp + BK</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Kathie Hanson
(Signature)
Secretary
(Title)
4/9/85
(Date)

OIL CONSERVATION DIVISION
APR 29 1985

APPROVED _____, 19
BY _____ ORIGINAL SIGNED
BY LARRY BROOKS
TITLE _____ GEOLOGIST - NMOC

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 Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'.	Diff. Res'.
		X		XX					
Date Spudded 3/4/85	Date Compl. Ready to Prod. 4/4/85	Total Depth 416'					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 3560 Gr	Name of Producing Formation Empire Yates 7 Rivers		Top Oil/Gas Pay 410'				Tubing Depth 410'		
Perforations Open Hole 410-416							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	2 3/8" tubing	410'	
8"	7"	397'	135

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 4/4/85	Date of Test 4/5/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24hr	Tubing Pressure 25#	Casing Pressure 0	Choke Size
Actual Prod. During Test 1bbl	Oil - Bbls. 1	Water - Bbls. 0	Gas - MCF

AS 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