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TRANSPORTER OIL /
GAS
OPERATOR /
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED
OCT 1 1965
OIL CON. COM.
ARTESIA, OFFICE

I. Operator
Ernest A. Hanson
Address
P. O. Box 1515, Roswell, New Mexico
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ___ Change in Transporter of: Oil ___ Dry Gas ___
Recompletion ___ Casinghead Gas ___ Condensate ___
Change in Ownership ___ Change in Operator
If change of ownership give name and address of previous owner: ~~Operator: Ernest A. Hanson & Harold Hensley~~

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Hanson State
Well No. 4
Pool Name, Including Formation: Artesia - Grayburg Fm.
Kind of Lease: State, Federal or Fee State
Location
Unit Letter D ; 330 Feet From The North Line and 330 Feet From The West
Section 2 Township 18 South Range 28 East NMPM Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil X or Condensate ___
Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company
P. O. Drawer 1267, Ponca City, Oklahoma
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas ___
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, give location of tanks. Unit D Sec. 2 Twp. 18S Rge. 28E
Is gas actually connected? When

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

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 (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)
OIL WELL
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 (pitot, back pr.)
Tubing Pressure
Casing Pressure
Choke Size

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

(Signature)
Operator
(Title)
September 29, 1965
(Date)

OIL CONSERVATION COMMISSION
APPROVED OCT 1 1965, 19
BY M. L. Armstrong
TITLE Supervisor, District II

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 Sections I, II, III, and VI only 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.