

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

O. C. C.
ARTESIA, OFFICE

I. PACKAGING OFFICE

Ernest A. Hanson
P. O. Box 1515, Roswell, New Mexico
Reasons for filling (check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Existing Well ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐
If change of operator, give name and address of previous operator: Ernest A. Hanson & Harold Kersey

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Hanson State
Well No.: 1
Well Name, including Formation: Artesia - Grayburg Fm.
Kind of Lease: State, Federal or Fee
State: State
Location: East Letter J, 1650 Feet From The South Line and 1650 Feet From The East
Line of Section: 3, Township: 18 South, Range: 23 East, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil (X) or Condensate ☐
Continental Oil Company
Address (Give address to which approved copy of this form is to be sent): P. O. Drawer 1267, Ponca City, Oklahoma
Name of Authorized Transporter of Gasineered Gas (X) or Dry Gas ☐
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent): Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks: Unit: JH, Sec: 3, Twp: 18S, Rge: 23E
Is gas actually connected? When:

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spurred: Date Compl. Ready to Prod.: Total Depth: P.D.T.D.:
Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:
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 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:
Producing Method (pilot, 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.
Operator: September 29, 1965
OIL CONSERVATION COMMISSION
APPROVED: OCT 1 1965
BY: M. L. Armstrong
TITLE: OIL AND GAS INSPECTOR
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.