

DISTRIBUTION		
TA FE	/	
E	/	
G.S.		
ND OFFICE		
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

Operator	Hanson Oil Corporation ✓	RECEIVED
Address	P. O. Box 1515, Roswell, New Mexico 88201	JUN 23 1980
Reason(s) for filing (Check proper box)	Other (Please explain)	O. C. D. ARTESIA, OFFICE
New Well ☐	Change In Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change In Ownership ☐	Casinghead Gas ☐	Condensate ☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Ginsberg Federal Battery #1	Well No.	2	Pool Name, Including Formation	Shugart	Kind of Lease	State, Federal or Fed	Federal	Lease No.	NM-025503
Location										
Unit Letter	J	1650	Feet From The	South	Line and	1650	Feet From The	East		
Line of Section	25	Township	18S	Range	30E	NMPM,	Eddy	County		

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)					
Navajo Crude Oil Purchasing Company	P. O. Box 175, Artesia, New Mexico 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)					
Phillips Petroleum Company	Phillips Bldg., Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	25	18S	30E	Yes	

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't.	Unl. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DP, 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

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)

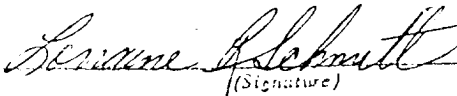
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (inches-in)	Casing Pressure (inches-in)	Choke Size

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)
Production Clerk
(Title)
June 20, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 24 1980, 19
BY Mike Williams
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.