

DISTRICT I
P.O. Drawer DD, Azusa, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

MAR 11 1991

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Hanson Operating Company, Inc.

Address P. O. Box 1515, Roswell, New Mexico 88202-1515

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ Other (Please explain)

Recompletion ☐ Oil ☒ Dry Gas ☐ Effective April 1, 1991.

Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ginsberg Fed. Batt. #1

Well No. 2

Pool Name, including Formation Shugart Yates 7 Rivers Q

Kind of Lease ☒ State, Federal or Foreign

Lease No. NM-025503

Location Unit Letter J : 1650 Feet From The South Line and 1650 Feet From The East Line

Section 25 Township 18S Range 30E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Permian

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Phillips 66 Natural Gas Company

Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77251-1183

Address (Give address to which approved copy of this form is to be sent) 4th & Keeler, Bartlesville, OK 74004

If well produces oil or liquids, give location of tanks. Unit 0 Sec. 25 Twp. 18S Rge. 30E

Is gas actually connected? Yes

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

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.)

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

VI. OPERATOR 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.

Brenda R. Godfrey

Signature

Brenda R. Godfrey

Production Analyst

Title

Printed Name

03/08/91

Date

505-622-7330

Telephone No.

OIL CONSERVATION DIVISION

MAR 12 1991

Date Approved

By ORIGINAL SIGNED BY MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.