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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

CHANGE IN OPERATOR NAME FROM:
HANSON OIL COMPANY

MAY 27 1969

I. Operator **HANSON OIL CORPORATION** TO **O. G. C. ARTESIA, OFFICE**
Hanson Oil Company EFFECTIVE: APRIL 1, 1970
 Address: **P. O. Box 1515, Roswell, New Mexico, 88201**

Reason(s) for filing (Check proper box):
 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ginsberg Federal	Well No. 3	Pool Name, including Formation Shugart - Queen	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 025503
Location Unit Letter KB ; 660 Feet From The North Line and 1650 Feet From The East Line of Section 25 Township 18 South Range 30 East , NMPM, Eddy 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland Texas 79704
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 0 Sec. 25 Twp. 18-S Rge. 30-E	Is gas actually connected? No When TSTM

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-10-69	Date Compl. Ready to Prod. 5-24-69	Total Depth 3473'	P.B.T.D. 3455'					
Elevations (DF, RKB, RT, GR, etc.) 3621' DF	Name of Producing Formation Queen	Top Oil/Gas Pay 3364'	Tubing Depth 3310'					
Perforations 1 JPF @ 3364, 67, 71, 74, 81, 83, 86 1 JPF @ 3427, 29, 31, 33, 35 & 37	Depth Casing Shoe 3373'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12"	8 5/8"	774'	205 sx					
8"	5 1/2"	3473'	200 sx					
	2 3/8"	3310						

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 5-24-69	Date of Test 5-24-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 85	Water-Bbls. 0	Gas-MCF TSTM

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. 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.

Ray J. Johnson
(Signature)
Manager
May 26, 1969
(Date)

OIL CONSERVATION COMMISSION
MAY 27 1969

APPROVED _____, 19____
BY *W. A. Gressett*
OIL AND GAS INSPECTOR

TITLE _____

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.