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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			<u> </u>
TRANSPORTER	OIL	· .	
IRANSPORTER	G A S	l	
OPERATOR		7	
PRORATION OFFICE		<u> </u>	<u> </u>

Geologist

2-21-72

(Title)

(Date)

## W MEXICO OIL CONSERVATION COMMISSION

Form C-104

}	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
-	FILE		AND	Effective 1-1-65	
Ì	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
Ì	LAND OFFICE				
ŀ	OIL		RE	CEIV	
ļ	TRANSPORTER GAS				
}	OPERATOR /		_	CD 0 - 1070	
	PRORATION OFFICE			EB 2 3 1972	
•	Operator	/		İ	
	Hanson Oil Corpo	ration /		Q. C. C.	
	Address			TESIA, OFFICE	
		1.0 - 1	88201		
	Reason(s) for filing (Check proper		Other (Please explain)	e i an sin Marinera Mayara an i	
	New Well X	Change in Transporter of:	\$2.4774 \$2.472 \$2.472	AU GAS INST NOT EA	
	Recompletion	Otl Dry Ga			
	Change in Ownership	Casinghead Gas Conden	IS OBTAIN	N EXCEPTION TO R-4070	
	If change of ownership give na	me.	IS OBTAIN	E1)	
	and address of previous owner.				
11.	DESCRIPTION OF WELL AND LEASE    Well No.   Pool Name, Including Formation Yates, 7   Kind of Lease No.				
	Lease Name	5 Rivers, Queen,	Shugart, State, Fede	ral or Fee Federal NM025503	
	Ginsberg Federal	3 1	Grayburg		
	Location	acro couth	. 1650	- The East	
	Unit Letter J;	1650 Feet From The South Lin	e and 1000 Feet riot	m The Base	
	24	Township 18S Range 30	)E , NMPM,	Eddy County	
	Line of Section 24	Township 18S Range 30	71		
		CONTER OF OH AND NATURAL CA	is.		
III.	Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent)	
	i		P. O. Box 1183 -	Houston, Texas 77001	
	The Permian Corp	of Casinghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)	
	Name of Admonstant Transporter				
		Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	If well produces oil or liquids, give location of tanks.	J 24 18S 30E	No	Insufficient to market	
			<u> </u>		
***		d with that from any other lease or pool,	give comminging order names.		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
	Designate Type of Comp		X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	9-26-71	2-12-72	3744'	3458'	
	Elevations (DF, RKB, RT, GR, e	tc.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3612.4' GL	Queen	3408'	3400'	
	Perforations			Depth Casing Shoe	
	3408-3412	' (12 - 0.45" jets)		3715'	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12"	8-5/8"	804'	150 sx.	
	7"	5-1/2"	3715'	350 sx.	
			<u> </u>		
V.	TEST DATA AND REQUES	TFOR ALLOWABLE (Test must be a chief or this d	after recovery of total volume of load ( epth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
	OIL WELL	4010 70. 0.00.	Producing Method (Flow, pump, gas		
	Date First New Oil Run To Tank	1	Pumping		
	2-11-72	Z-12-72 Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	I uping Pieseure		2"	
	24 hrs.	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	Actual Prod. During Test		44	TSTM	
		26	1 44		
	0 4 G Minha W				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1981-MCF/D	Zonym of total			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	lesting Method (pitot, back pr.)				
VI. CERTIFICATE OF COMPLIANCE		OU CONSER	OIL CONSERVATION COMMISSION		
APPROVED			, ···		
	I hereby certify the the complied with and that the information given			Janas III	
	above is true and complete	ove is true and complete to the best of my knowledge and belief.  OIL AND GAS INSPECTOR		CARINSPECTOR	
	Gerald & Harrington		TITLEOIL AND GAS INSPECTOR		
			11	in compliance with mul # 1104	
			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