ſ	NO OF COPIES RECEIVED 1 4	•			
┝	DISTRIBUTION		NEEDVATION COMMERICAN		
┝	SANTA FE		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
ł	FILE /	REGULSTI	AND	Effective 1-1-65	
ł	U.S.G.S.	AUTHORIZATION JO TRAN		S	
ł		WINNE'C'E'I V'E	SPORT OIL AND NATURAL GA		
ł	OIL		· · · · · ·		
	TRANSPORTER GAS	NOV 3 1971			
ł	OPERATOR /				
ı. İ	PRORATION OFFICE				
	Operator	ARTESIA, OFFICE			
Hanson OII Corporation /					
Address 00201					
P. O. Box 1515 - Roswell, New Mexico 88201					
	Reason(s) for thing (There hope tox)				
	New Well X	Oil Dry Gas	TTADED AFTER	R / 2	
		Casinghead Gas Condens	ate I TINT ROOM NOT	(CED.LION IO TO ZOIA	
	Change in Ownership		IS OBTAINED	CD Varmer # 2-101	
	If change of ownership give name		15 000000 /	appiner 2-5-72	
	and address of previous owner			# 2-44 74	
γ					
	Lease Name Well No. Pool Name, including Formation Shugart - Kind to Shur				
	Ginsberg Federal 9 Yates, 7 Rivers, Queen, State, Federal or Fee Federal NM025503				
	Location				
	Unit Letter H ; 1650' Feet From The North Line and 330' Feet From The East				
	Line of Section 26 Township 18South Range 30 East , NMPM, Eddy County				
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	•	P. O. Box 1183 - Hous		
The Permian Corporation P. O. Box 1183 - Housto Name of Authorized Transporter of Casinghead Gas or Dry Gas				d copy of this form is to be sent)	
	Name of Authorized Transporter of Cast				
		Unit Sec. Twp. Rge.	Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	т 26 185 30Е	NO A	s soon as possible	
If this production is commingled with that from any other lease or pool, give commingling order number:					
Oil Well Gas Well New Well Workover Deepen Flag Back Calle 165				Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	n = (X) X	x		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	10-14-71	10-31-71	3859'	3521 ' Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
	3485.1 GL	<u>Oueen-Grayburg</u>	3166'	31.62 ' Depth Casing Shoe	
Perforations 3 JPF @ 3166-3171' 3562'			35621		
3 JPF @ 3440-3444 ' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	15"	12-3/4"	723'	400 sx. circulated	
	11"	8-3/8" (cut + fulled for		50 sx	
	7-7/8"	5-1/2"	3561'	1460 sx. circulated	
	/=//8				
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 allo					
••	able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test		· · · · · ·	
	10-29-71	10-31-71 Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	Troud Liseeria		2"	
	Actual Prod. During Teet	- Oil-Bbla.	Water-Bble.	Gas - MCF	
	Actual Proa. During 1980	198	22 BLW	_	
	1	<u> </u>			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		l		L	
VI	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVA	TION COMMISSION	
	t backy certify that the rules and regulations of the Oil Conservation		NOV 5	1971	
	Commission have been complied w above is true and complete to the	with and that the information given		ressett	
	and a time and complete to the		DIL AND GAS INSPECTOR		
	1	A			
	1. 110 4	The second se	This form is to be filed in compliance with RULE 1104.		
	Geologist		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 allow-		
		tle) · · · · · · · · · · · · · · · · · · ·	able on new and recompleted wells.		
	11-1-71		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.		
	(Da	ate)	Separate Forms C-104 must	be filed for each pool in multiply	
			completed wells.		

.....