

STRICT I
Box 1980, Hobbs, NM 88240
STRICT II
Drawer DD, Aztec, NM 88210
STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

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

RECEIVED

MAR 11 1991

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hanson Operating Company, Inc.	Well API No. 30-015-20526
Address P. O. Box 1515, Roswell, New Mexico 88202-1515	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective April 1, 1991. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE		Kind of Lease Oil, Federal & State	Lease No. NM-025503
Lease Name Ginsberg Fed. Batt. #2	Well No. 8	Pool Name, including Formation Shugart Yates 7 Rivers Q Grayburg.	
Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line	Section 26 Township 18S Range 30E, NMPM	Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian SCURLOCK PERMIAN CORP EFF 9-1-91	P. O. Box 1183, Houston, TX 77251-1183		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	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 I	Sec. 26	Twp. 18S
			Rge. 30E
Is gas actually connected?		When?	
Yes			

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Deviation (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Formations						Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	

TEST DATA AND REQUEST FOR ALLOWABLE			
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.)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL		Bbls. Condensate/MMCF	Gravity of Condensate
rod. Test - MCF/D	Length of Test		
Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE
I 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
Brenda R. Godfrey Production Analyst
Date 3/91 Telephone No. 505-622-7330

OIL CONSERVATION DIVISION
MAR 12 1991

Date Approved

By

Title

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
Rule 111.
Sections of this form must be filled out for allowable on new and recompleted wells.
Submit only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Rate Form C-104 must be filed for each pool in multiply completed wells.