

U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-83

RECEIVED

JUN 28 1982

O. C. D.
ARTESIA, OFFICE

Operator: Hanson Operating Company, Inc.
Address: P. O. Box 4515, 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 ☐
Other (Please explain) Effective July 1, 1982
Change Operator Name from:
Hanson Oil Corporation
P. O. Box 1515, Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name: Ginsberg Federal
Battery 2
Well No.: 10
Pool Name, including Formation: Shugart
Kind of Lease: Federal
Lease No.: NM-025503
Location: Unit Letter: IX ; 2310 Feet From The South Line and 330 Feet From The East
Line of Section: 26 Township: 18S Range: 30E NMDM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Crude Oil Purchasing, Co.
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 175 - Artesia, New Mexico 88210
Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook Street - Odessa, TX 79762
Is gas actually transported? Yes
When: 4/13/72

COMPLETION DATA

Designate Type of Completion -- (X)
On Well ☐ Gas Well ☐ New Well ☐ Deepen ☐ Plug Back ☐ Plug Rest ☐ Plug Bottom
Date Spudded: Date Compl. Ready to Prod.: Total Depth: F.B.T.D.:
Deviations (DF, KKB, 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

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 1% for full 24 hours)

First New Oil Run To Tanks: 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:

Tested ID-3
7-30-82

18 WELL

Test-MCF/D: Length of Test: Water Content (wt-%MCF): Gravity of Condensate:
Testing Method (flow, back pr.): Tubing Pressure (inches-in): Casing Pressure (inches-in): Choke Size:

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.

L. Vera L. Berria
(Signature)
Production Analyst
(Title)
(Date) 4/25/82

OIL CONSERVATION COMMISSION

JUL 28 1982

APPROVED: Mike Williams
BY: OIL AND GAS INSPECTOR

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 wells in of this form must be filled out completely for allowable on new and re-completed 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.