

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

at Bottom of Page

RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 11 1991

| | |
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| Operator Hanson Operating Company, Inc. | Well AP No. ARTESIA, OFFICE 30-015-20528 |
| 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 | |

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|--------------------------------------|-----------------|--------------------------|--------------------------------|-----------------------|-----------|
| I. DESCRIPTION OF WELL AND LEASE | | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Lease Name Ginsberg Fed. Batt. #2 | 10 | Shugart Yates 7 Rivers Q | Shut, Federal 407503 | NM-025503 | |
| Location Grayburg. | | | | | |
| Unit Letter I | 2310 | Feet From The South | Line and 330 | Feet From The East | Line |
| Section 26 | Township 18S | Range 30E | NMPM, Eddy County | | |

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|--|-----------|------------|--|-------------|---|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian SCURLOCK PERMIAN CORP EFF 9-1-91 | | | Address (Give address to which approved copy of this form is to be sent) 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 |

If this production is commingled with that from any other lease or pool, give commingling order number.

| | | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|-------------------|--------------|--------|-----------|------------|------------|
| 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. | | | | |
| Elevations (DF, RKB, 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 | | | | |
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| V. TEST DATA AND REQUEST FOR ALLOWABLE | | | |
| OIL 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.) | | | |
| Date First New Oil Run To Tank | 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 |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

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| VI. OPERATOR CERTIFICATE OF COMPLIANCE | |
| I hereby 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. | |
| <u>Brenda R. Godfrey</u> | |
| Signature Brenda R. Godfrey | Production Analyst |
| Printed Name 03/08/91 | Title 505-622-7330 |
| Date | Telephone No. |

OIL CONSERVATION DIVISION

Date Approved MAR 12 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.