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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

REQUEST FOR ALLOWABLE RECEIVED  
ANDSupersedes Old C-104 and C-110  
Effective 1-1-65AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAY 16 1972O. C. C.  
ARTESIA, OFFICE

Operator Hanson Oil Corporation		
Address P. O. Box 1515 - Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-5-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Ginsberg Federal	Well No. 14	Pool Name, including Formation Seven Rvrs Queen, Grayburg, Shugart,	Kind of Lease State, Federal or Fee Federal	Lease No. NM025503
Location				
Unit Letter B ; 660 Feet From The North Line and 1650 Feet From The East				
Line of Section 26 Township 18-S Range 30-E , NMPM, Eddy County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 - Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg.-Bartlesville, Okla. 74536					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 26	Twp. 18S	Rge. 30E	Is gas actually connected? No	When As soon as possible

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-15-72	Date Compl. Ready to Prod. 4-5-72		Total Depth 3495'		P.B.T.D. 3495'			
Elevations (DF, RKB, RT, GR, etc.) 3460 KB	Name of Producing Formation Queen - Grayburg		Top Oil/Gas Pay 3109'		Tubing Depth 3405'			
Perforations 3109 - 3113' - 12 holes 3376 - 3382' - 12 holes	Depth Casing Shoe 3495'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-3/4"		716'		600 sx.-circulated			
7-7/8"	5-1/2"		3495'		1100 sx.-circulated			
	2-3/8"		3405'					

## 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 Tanks 4-5-72	Date of Test 4-5-72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 200#	Casing Pressure 900#	Choke Size 18/64"
Actual Prod. During Test	Oil-Bbls. 25	Water-Bbls. -0-	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. 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.

Gerald E. Harrington  
(Signature)  
Geologist  
(Title)  
May 15, 1972  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED MAY 17 1972, 19\_\_\_\_  
BY W. A. Gressett  
TITLE OIL AND GAS REGULATION

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 completed wells.

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