

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and
Effective 1-1-65

RECEIVED

JUN 28 1982

O. C. D.
ARTESIA, OFFICE

Operator
Address Hanson Operating Company, Inc.

P. O. Box 1515, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain) Effective July 1, 1982

Change Operator Name from:

Hanson Oil Corporation

P. O. Box 1515, Roswell, New Mexico 88201

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ginsberg Federal Battery #5</u>	Well No. <u>15</u>	Pool Name, Including Formation <u>Shugart y-sk-s-g</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>NM-025503</u>
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Location
Unit Letter A : 330 Feet From The North Line and 990 Feet From The East

Line of Section 35 Township 18S Range 30E NMM Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Navajo Crude Oil Purchasing, Co.

P. O. Box 175 - Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Phillips Petroleum Company

4001 Penbrook Street - Odessa, TX 79762

If well produces oil or liquids,
give location of tanks.

Unit A Sec. 35 Twp. 18S Rge. 30E

Is gas actually collected? Yes

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restoration	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Devotions (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 be for full 24 hours)

Date 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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Brine Content (lb/MCF)	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (lb/in)	Casing Pressure (lb/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. L. L. L.
(Signature)

Production Analyst

(Title)

(Date)

OIL CONSERVATION COMMISSION

JUL 28 1982

APPROVED _____, 19

BY M. Williams
TITLE 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 deviated 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 re-completed wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of condition.