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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISAON

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

JHN 1 8 1993

Revised 1-1-89
See Instructions at Bottom of Page ()
ABLEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	OTRA	NSF	20	RIOIL	AND NAT	UHAL GA		Vall A	No.			
Operator								1	Well API No. 30-015-23073				
HANSON OPERATING COMP	ANY, I	NC.						13	,0-01	.0 2007			
Address P.O. Box 1515, Roswel	1. New	Mexic	0	8	8202-1	515							
Reason(s) for Filing (Check proper box)						Othe	(Please expla	ώι)		Odnaha	Fod	#15	
New Well		Change in	Trans	port	erof: Ch	ange Nam	e of Wel	l fr	rom:	Ginsbei Hugart l	rg rea. Waterflo	and Unit #	
Recompletion -	Oil		Dry			nange Na FFECTIVE	me lo: E	senso	ומם ז וזנ	nuyarcı	waterin	ood Unit #	
Change in Operator	Casinghead	GM	Coto	en n	116 [_] [FFECTIVE	. Ounc	<u> </u>	1770				
f change of operator give name nd address of previous operator													
L DESCRIPTION OF WELL	AND LEA	SE				·			·	£1		ease No.	
Well No. Pool Name, Including									Kind of Lease State (Federal or Fee		_ I '	25503	
Benson Shugart Waterflo	od Un	#8	Shu	ıga	irt-Yat	es-SR-Q-	GK					23303	
Location						stLine	330		For	t From The	North	Line	
Unit LetterA	:990		_ Feet	Fro	m The	Line	and			4 1 10th 150 t			
Section 35 Township	185		Ran	ge_	30E	, N	IPM,		Eddu			County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	NI	NATU	RAL GAS	e address to w	hick ap	proved	copy of this f	'orm is so be .	rent)	
Name of Authorized Transporter of Oil	\Box	or Conde	n save	(ox 4648.						
Scurlock Permian Corpor Name of Authorized Transporter of Casing	ration bod Go		or I) YY	Gas [Address (Giv	e address 10 w	hich app	proved	copy of this J	orm is to be	seni)	
GPM Gas Corporation		ىما				1030 P	laza Off	ice.	Bldg	Bartl	esville	0k 74004	
If well produces oil or liquids,	Unit	Unit Sec. T			Rge	Is gas actually connected?			When?				
rive location of tanks.	i a l	_35	Lı	28	1_30E_	Yes_		1					
If this production is commingled with that i	from any oth	er lease or	r pool,	giv	e comming)	ing order bum	ear						
IV. COMPLETION DATA		Oil Wel			ias Well	New Well	Workover	Do	ереп	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	IOI WE	4			İ	<u> </u>	<u>i</u>	<u>. </u>	L	1		
Date Specified	Date Com	pl. Ready I	to Pro	ď		Total Depth				P.B.T.D.			
						Top Oil/Gas Pay				Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil Oil 1-1				Tubing Depar			
										Depth Casing Shoe			
Perforations													
		TUBINO	, CA	SD	NG AND	CEMENTI	NG RECO	RD_		1	010/0.05	MENT	
HOLE SIZE	CASING & TUBING SIZE					ļ	DEPTH SET			SACKS CEMENT			
										625-93			
	ļ									he Med	Uma	me	
	 					 				0			
V. TEST DATA AND REQUE	ST FOR	ALLOV	VAB	LE									
V. TEST DATA AND REQUES OIL WELL (Test must be after to	recovery of	iotal volum	u of l	ood .	oil and mus	t be equal to o	r exceed top a	llowable	e for th	is depth or be	e for full 24 I	iours.)	
Date First New Oil Run To Tank	Date of T					Producing M	lethod (Flow, j	punip, g	as iyi,	eic.j	Ì		
	Tubing Pressure					Casing Pressure				Choke Size			
Length of Test													
Actual Prod. During Test	out Book During Test Oil - Bbls.					Water - Bbi			Gas- MCF				
Actual From During 1		_											
GAS WELL											· ·		
Actual Prod. Test - MCF/D	Length of Test Tubing Pressure (Shut-in)					Bbls. Condensate/MMCF				Gravity of Condensate			
						Casing Pressure (Shut-in)				Choke Si	<u>ze</u>		
Testing Method (pitor, back pr.)						Cating Pleasure (Care In)							
		n 00'	₽	T A 1	NICE						10000	ION!	
VI. OPERATOR CERTIFIC	CATE O	F CON	APL	IAI	NCE		OIL CO	NSI	ERV	ATION	1 DIVIS	ION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						1	um 9 1 4002						
is true and complete to the best of my knowledge and belief.						Dat	Date Approved JUN 21 1993						
							• •						
(Yatucia a-mc)	Geau	<u> </u>				Ву	<u></u>	<u> </u>	<u> </u>	NED DV			
Signature Patricia A. McGraw Production Analyst							ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title						Titl	eSUP				 	. <u>.</u>	
June 17, 1993	505/	622-7	<u>330</u> Telept	1004	No.	•			,			· ·	
Date		الكافرية وسد	·										

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.