DISTRICT I P.O. Box 1980, Hobbs, NM \$8240

DISTRICT II P.O. Drawer DD, Asteria, NM \$8210

OIL CONSERVATION DIVISION

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

MAR 1 1 1991

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D. ARTESIA, OFFICE

Hanson Operating Company, Inc.								0-015-23697			
				20202	1515						
P. O. Box 1515, Ros	well,	New Me	XI CO	88202-	-1212	(Please explain	<u> </u>				
Reason(s) for Filing (Check proper box)		Change in	Transmete	e of	Outside	(Lisass erban	•/				
New Well	Oil		Dry Gas		Effecti	ve April	1, 1991	<u>_</u> .			
Recompletion	Casinghes		Condensa	be							
f shape of country give same									_,		
nd address of previous operator		A CE									
L DESCRIPTION OF WELL A	INL LE	Well No. Pool Name, Including				<u> </u>	Kind of	Lease	Lease No. deral MERGE NM-025503		
Lesse Name Ginsberg Fed. Batt.	#2					ærs Q	3344, F	ederal de Fee	INM-02.	7303	
Location			Grayb	-		00/			Fact	• • •	
Unit Letter A	. : <u>9</u>	90	Feet Pro	n The No	orth Line	<u>996</u>	Fee	t From The	<u>East</u>	Line	
Section 26 Township	185	ı	Range	30E	.NA	(PM,		I	iddy	County	
36000											
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil	or Concensus				P. O. Box 1183, Houston, TX 77251-1183						
Permian SCURLOCK Name of Authorized Transporter of Casing	PERMIAN	ERIMIAN CORP EFF 9-1-91 end Gas X or Dry Gas A				Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural C	as Com	as Company			4th &	4th & Keeler, Bartlesville, OK 74004					
If well produces oil or liquids,	Uest	ik Sec. Twp. Rge.			is gas actually Yes	y connected?	When				
give location of teaks. If this production is commingled with that		26	185			ber:					
If this production is comminged with this IV. COMPLETION DATA	HOLD MLY G		band &				·			Diff Res'v	
		Oil Wel	1 0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dan Kerv	
Designate Type of Completion	- (X.)	npl. Ready I	-		Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
Date Spudded	Daile Con	opt. scenty i	01102								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
					<u> </u>				Depth Casing Shoe		
Perforations											
	TUBING, CASING AND				CEMENTI	EMENTING RECORD					
HOLE SIZE	C	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					<u> </u>			 			
	 										
]			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE			all arm all	laumble for th	ie dentk ar be	for full 24 ho	ers.)	
OIL WELL (Test must be after	recovery of	total volum	e of load	oil and mus	Producing N	tethod (Flow, p	ump, gas lift,	etc.)	<u> </u>		
Date First New Oil Run To Tank	Ditte of	Ditte of Test							1.		
Length of Test	Tubing 1	Tubing Pressure			Casing Pres	erre		Choke Size			
					Water - Bbl			Gas- MCF			
Actual Prod. During Test	Oil - Bb	Oil - Bbis.			W201 - 2012						
	<u> </u>				 						
GAS WELL Actual Prod. Test - MCF/D	Length	Length of Test			Bbls. Cond	en mie/MMCF		Gravity of	Gravity of Condensate		
Actual Flor 1 and 1 vice 1					Casing Pressure (Shut-in)			Chake Siz	Choke Size		
Testing Method (pitot, back pr.)	Tubing	Pressure (S	nut-in)		Casing Pres	HATTE (200K-ID)					
			ATT TAT	NCE				:		ON.	
VL OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						MAR 1 2 1991					
is true and complete to the best of my knowledge and belief.						Date Approved					
Bu de K	0 1	land.	140	L.		•					
Sympatric Production Analyst					Ву	By WORIGINAL SIGNED BY					
Brenda R. Godfrey	P:	roduct	Ion An	aryst	 	MIKE					
Printed Name 03/08/91			-622-7		ll itt	e SUPE	MV				
03/08/91 Date			Telephone								

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.