

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

RECEIVED  
MAR 11 1991  
O. C. D.  
ARTESIA, OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator Hanson Operating Company, Inc.		Well API No. 30-015-25025
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		

<b>II. DESCRIPTION OF WELL AND LEASE</b>		Kind of Lease State, Federal or Foreign	Lease No. NM-025503
Lease Name Ginsberg Fed. Batt. #1	Well No. 16	Pool Name, including Formation Shugart Yates 7 Rivers Q Grayburg.	
Location Unit Letter O : 660 510	Feet From The South Line and 2310	Feet From The East Line	
Section 25	Township 18S	Range 30E	NMPM, Eddy County

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>		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 Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	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 O	Sec. 25	Twp. 18S Rge. 30E
Is gas actually connected? Yes		When ?	

<b>IV. COMPLETION DATA</b>		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				
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b> (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

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

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

<b>OIL CONSERVATION DIVISION</b>	
Date Approved	MAR 11 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.