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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Dep

RECEIVED

Form C-104 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

HIM

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	at Bottom of Page	,//
± 8 1993		
, C. D.		P. S.

L.	ו	OTRA	NSI	PORT OIL	AND NA	TURAL GA	45				
Operator						Well A	Well API No.				
HANSON OPERATING COM	IPANY, I	INC. V				,	30-	015-2604	1		
P.O. Box 1515, Roswe	ll, New	v Mexic	co	88202-	1515						
Reason(s) for Filing (Check proper box)					ш.	er (Please expla		. U+o Fo	.dows1 #1		
New Well Recompletion	Oil		Dry (ame of We				od Unit #19	
Change in Operator	Casinghead		-	lenzate 🔲	EFFECTI		1, 199				
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No. Pool Name, Including Formation				Kind	Kind of Lease No. State: Federal or Fee No. 01.275				
Benson Shugart Waterfl	ood Un	#19	Shi	<u>ugart-Ya</u>	tes-SR-C) – GR	James	10000	NM-01	375	
Location Unit Letter	. 03	30	Foot	From The S	outh lin	e and <u>231</u>	∩ F ∗	et From The	West	Line	
Van Letter(\)	- i							~ 110111 100			
Section 25 Township	185	 	Rang	e 30E	<u>, N</u>	мрм,	Eddy			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	LA	ND NATU	RAL GAS			<u> </u>			
Name of Authorized Transporter of Oil		or Conden			Address (Giv	e address to wh	ick approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casing	head Gas		or Dr	ry Gas 🗀	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ni)	
	·										
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	. Rge.	is gas actuali	y connected?	When	7			
If this production is commingled with that f	rom any othe	er lease or p	pool, į	give comming	ing order num	ber:					
IV. COMPLETION DATA					·	·		r = - :	<u> </u>	District District	
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	I	·	P.B.T.D.			
				Top Oil/Gas Pay			This Dant				
Elevations (DF, RKB, RI, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Ois Oas Tay			Tubing Depth				
Perforations	1				d			Depth Casin	g Shoe		
	7	IDING	CAS	ING AND	CEMENTI	NG RECOR	<u> </u>	<u> </u>	-		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
-								6-25-53			
			<u>-</u>					16-		me.	
								7			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOWA	BLI	E d =:1 == d ==	he amuel to one	exceed top allo	undle for thi	e denth as he:	for full 24 hou	er.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		oj tod	a ou and musi		ethod (Flow, pu			`.		
								Choke Size			
Length of Test	Tubing Pressure		Casing Pressure			Charles Size					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF					
	<u> </u>				<u> </u>			<u> </u>			
GAS WELL	71				This Conden	COLE AND CE		Gravity of C	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			John Market				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size					
				NOR	<u> </u>				· · ·		
VI. OPERATOR CERTIFIC						OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				JUN 21 1993							
is true and complete to the best of my k	mowledge an	d belief.			Date	Approve	d	<u></u>		 	
Situria A. Me	Deav	,			n.						
Signature				By_	ORIC	HNAL SIC WILLIAN	NED BY				
Patricia A. McGraw Primod Name	FIUU	uc c i Ul	Title		Title	SUP	RVISOF	, DISTRIC	TII		
June 17, 1993	505/	622-73 Tele	30	No.							
					11						

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.