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| L ND OFFICE | | | |
| TRANSPORTER | OIL | 1 | 1 |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OF | ICE | 1 | |
| Operator | | 4 | |
| Anadarko | Pro | luc | tion |

February 22, 1982

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

| Form Could |
|---|
| Supersedes Old C-104 and C-110 |
| Supersedes, Old (-104 and C-116 Effective Common Co |

| U.S.G.S. | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
|--|--|--|--|--|
| L ND OFFICE | AOTHORIZATION TO T | RANSPORT OIL AND NATUR | PAL GAS | |
| TRANSPORTER OIL / | | | MAR - 1 1982 | |
| OPERATOR / | | | Ö. C. E. | |
| PRORATION OFFICE Operator | | | ARTESIAL COPICE | |
| Anadarko Product | ion Company | | | |
| P. Q. Box67, Loc | a Hills, New Mexico 882 | 55 | The second secon | |
| Reason(s) for filing (Check proper | box) | Other (Please explain) | | |
| New Well Recompletion | Change in Transporter of: | i | | |
| Change in Ownership | | Gas | S-1-82 | |
| Smaller in Owner and | Casinghead Gas Con | densate UNI | CICEPTION TO Fale 306 | |
| If change of ownership give nam and address of previous owner _ | e | IS OBTAINED Ex # Z-& | • | |
| DESCRIPTION OF WELL AN | INTERSE PROPERTY | |)6 | |
| rease Name | Well No. Pool Name, Including | Formation Kind of | Lease | |
| Hanson Federal C | well No. Pool Name, including HARLES Bone | Springs SPRING | oderal 6/1/4/ NM 0557729 | |
| Unit Letter J; 1 | 910 Feet From The South | ine and 2250° Feet F | rom The East | |
| Line of Section 20 | Township 195 Range | 31E , NMPM, | Eddy | |
| DESIGNATION OF TRANSPO | RTER OF OIL AND NATURAL G | | Cunty | |
| | OII 🔥 or Condensate 🗌 | | pproved copy of this form is the sent! | |
| U P G, Inc. (United | Peoples Gas Casinghead Gas or Dry Gas | P. O. Box 66, Libera | | |
| Name of Authorized Transporter of (| Casinghead Gas or Dry Gas | Address (Give address to which a | pproved copy of this form to be real) | |
| | | | in the second of the second | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. J 20 19S 31E | is gas actually connected? | When | |
| If this production is commingled COMPLETION DATA | with that from any other lease or pool | | | |
| Designate Type of Comple | tion - (X) | New Well Workover Deepen | Plug Back Same Lord 11, Pesty | |
| Date Spudded | Date Compl. Ready to Prod. | X | | |
| 3-16-81 | 2-2-82 | Total Depth 12,590' | P.B.T.D. 9000 ' | |
| Elevations (DF, RKB, RT, GR, etc.) 3452.0 GL | Name of Producing Formation Wildcat Bone Springs | Top dt./Gas Pay | Tubing Depth | |
| Perforations | | 8833* | 8801 Depth Casing Shire | |
| 0033 -38 , 8901 -14 | 8924'-38' & 8960'-71' @ | 1 SPF - 63 .4" diam h | oles 12547' | |
| HOLE SIZE | CASING & TUBING SIZE | D CEMENTING RECORD | | |
| 17-1/2" | 13-3/8" | 664 DEPTH SET | SACKS Charles | |
| 12-1/4" | 8-5/8" | 4340 | 675 - circulated | |
| 7-7/8" | 4-1/2" | 12547 | 1st Stage-800; 2nd Stage | |
| Note: Perf @ 8780 | | Lite to attempt to ci | 1170' - CT @ 8800' (Firstroplate cement to surface | |
| OIL WELL | FOR ALLOWABLE (Test must be d | after recovery of total volume of load epth or be for full 24 hours) | oil and must be equal to a some impallow | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) | |
| 2-2-82 Length of Test | Z-17-82 Tubing Pressure | Flowing | | |
| 24 hours | 140# FTP | Casing Pressure | 15/64" D 2 | |
| Actual Prod. During Test 103 bbls | Oil-Bbls. 93 | Water - Bble. | Gas-MCF | |
| | 7,5 | 10 | 20 Young 100 | |
| GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condene 3tm | |
| Testing Method (pitot, back pr.) | Takes Samuel Control | | Granty or Condens 1:0 | |
| method (public back pr.) | Tubing Pressure (Shut-in) | Coming Pressure (Shut-in) | Choke Size | |
| CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation | | OIL CONSER | ATION COMMISSION | |
| | | APPROVED MAK - | ,4 1982 | |
| ommission have been complied | With and that the lafermedian miner | APPROVED 7. 7. | 19 | |
| bove is true and complete to the | e best of my knowledge and belief. | BY W | nesser | |
| (M.S.M. 40) | | ONDERVISOR DISTRICT II | | |
| | | | | |
| | | | n compliance with RULE 1104. | |
| Sie | atwe) | If this is a request for all | owable for a newly drilled or despened | |
| | pervisor | tests taken on the well in acc | panied by a tabulation of the deviation cordance with RULE 111. | |
| | tle) | All sections of this form n | nust be filled out completely for allow- | |
| Fohrum 22 1000 | | able on new and recompleted | wells. | |

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