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S.G.S.			
AND OFFICE			
TRANSPORTER	OIL GAS		
PERATION			
ORATION OFFICE			
error			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Superseded Old C-101 and C-102
Effective 1-1-65

RECEIVED

JUN 28 1982

O. C. D.

ARTESIA, OFFICE

Hanson Operating Company, Inc.

Address

P. O. Box 1515, Roswell, New Mexico 88201

Person(s) for filing (Check proper box)

Well	☐	Change in Transporter of:	
Completion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Change (Please Print) Effective July 1, 1982

Change Operator Name from:

Hanson Oil Corporation

P. O. Box 1515, Roswell, NM 88201

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hanson Federal	9	North Mason Delaware	State, Federal or Fee Federal	LC-068282-B

Unit Letter G 2310 Feet From The North Line of 2310 Feet From The East

Line of Section 25 Township 26-S Range 31-E Eddy County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil (XXX) or Condensate () Address (Give address to which approved copy of this form is to be sent)

Western Oil Transportation Co., Inc. P. O. Box 1183 - Houston, TX 77001

Signature of Authorized Transporter of Casinghead Gas (XX) or Dry Gas () 4001 Penbrook Street - Odessa, TX 77001

Phillips Petroleum, Co. Unit Sec. Twp. Rge. Yes February 1, 1960

Is production commingled with that from any other lease or pool, give commingling order number.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Water Well	Other	Flow Back	Surge Test	Unit
Completion	Date Compl. Ready to Prod.	Total Depth	Flow Back	Surge Test	Unit		
Locations (DF, RNB, RT, CR, etc.)	Name of Producing Formation	Top of Producing Zone	Flowing Depth	Depth Casing Above			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of gas, oil and water must be equal to or exceed top allowable for 24 hours or 12 for full recovery)

First New Oil Run To Tanks	Date of Test	Pressure (psi) (Flow, Temp, etc.)	
Depth of Test	Tubing Pressure	Flow Rate	Casing Size
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Flow Rate (Test-MCF/D)	Length of Test	Flow Rate (Test-MCF/D)	Flow Rate (Test-MCF/D)
Flow Rate (Test-MCF/D)	Flow Rate (Test-MCF/D)	Flow Rate (Test-MCF/D)	Flow Rate (Test-MCF/D)

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Signature of Production Analyst	Signature of Oil and Gas Inspector
Production Analyst	OIL AND GAS INSPECTOR
(Title)	
(Date)	

OIL CONSERVATION COMMISSION

JUL 28 1982

Mike Williams

OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this request must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for Allowable computation and to report test results.
Fill out sections I, II, III, and VI for changes of owner, well name, location, or transporter or other such change of condition.