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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

CHANGE IN NAME OF OPERATOR  
FROM: ERNEST A. HANSON  
TO: HANSON OIL COMPANY  
Effective: January 1, 1969

I. Operator Ernest A. Hanson  
Address P. O. Box 1515, Roswell, New Mexico 88201  
Reason(s) for filing (Check proper box)  
New Well ☐ CHANGE IN OPERATOR NAME FROM: HANSON OIL COMPANY TO: HANSON OIL CORPORATION  
Recompletion ☐ Other (Please explain) Combine tank batteries on same lease to better handle salt water disposal. Eliminate tract numbers.  
Change in Ownership ☐ If change of ownership, give name and address of previous owner Change battery location, change lease name.

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Hanson Federal Well No. 6 Pool Name, Including Formation North Mason Delaware Kind of Lease Fed. Lease No. LC-0682828  
Location  
Unit Letter K ; 1650 Feet From The South Line and 1650 Feet From The West  
Line of Section 25 Township 26-S Range 31-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Western Oil Transportation Co., Inc. Address (Give address to which approved copy of this form is to be sent) Box 3120, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) Rm. B-2, Phillips Bldg., Odessa, Tex.  
If well produces oil or liquids, give location of tanks. Unit F Sec. 25 Twp. 26-S Rge. 31-E Is gas actually connected? Yes When February 1, 1960

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA  
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐  
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 \_\_\_\_\_  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE \_\_\_\_\_ CASING & TUBING SIZE \_\_\_\_\_ DEPTH SET \_\_\_\_\_ SACKS CEMENT \_\_\_\_\_

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 Tanks \_\_\_\_\_ 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 \_\_\_\_\_

GAS WELL  
Actual Prod. Test MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pitot, back pr.) \_\_\_\_\_ Tubing Pressure (shut-in) \_\_\_\_\_ Casing Pressure (shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. 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 above is true and complete to the best of my knowledge and belief.  
Henry F. Nelson  
(Signature)  
Exploration Manager  
(Title)  
June 1, 1968  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED 1968 858, 19 \_\_\_\_\_  
BY John L. Smith  
TITLE 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 form 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 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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.