

SANITARY	/	/
FILE	/	/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		/
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

**RECEIVED**

OCT 10 1975

I. Operator **HANSON OIL CORPORATION**

Address **P.O. BOX 1515, ROSWELL, NEW MEXICO 88201**

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain): **CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-1-75 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED**

If change of ownership give name and address of previous owner \_\_\_\_\_

**O. C. C.**  
**ARTESIA, OFFICE**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Red Bluff Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Wheat</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-0459053</b>
Location Unit Letter <b>G</b> ; <b>1980</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>North</b>				
Line of Section <b>27</b> Township <b>26S</b> Range <b>29E</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 838 Lovington Hgy. Hobbs, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit: <b>G</b> Sec.: <b>27</b> Twp.: <b>26S</b> Rge.: <b>29E</b>
	Is gas actually connected? <b>No</b> When:

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>11-30-73</b>	Date Compl. Ready to Prod. <b>11-15-74</b>	Total Depth <b>2982'</b>		P.B.T.D. <b>2982'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>2876 GL</b>	Name of Producing Formation <b>Delaware</b>	Top Oil/Gas Pay <b>2904'</b>		Tubing Depth <b>2940'</b>				
Perforations <b>2906 - 14' 2 shots per ft / 2946-52'-2 shots per ft.</b>				Depth Casing Shoe <b>2982'</b>				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>24"</b>	<b>20" - 91#</b>		<b>350</b>		<b>700 sx CLC</b>			
<b>11"</b>	<b>8-5/8 - 32#</b>		<b>901</b>		<b>None</b>			
<b>7-7/8"</b>	<b>5 1/2 - 15.5#</b>		<b>2982</b>		<b>126 sx CLC</b>			
<b>Tubing</b>	<b>2-3/8"</b>		<b>2940</b>					

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 <b>12-15-74</b>	Date of Test <b>9-25-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>30</b>	Casing Pressure <b>Nil</b>	Choke Size <b>3/4"</b>
Actual Prod. During Test <b>124</b>	Oil-Bbls. <b>4</b>	Water-Bbls. <b>120</b>	Gas-MCF <b>Nil</b>

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.

*Ray W. Hill*  
(Signature)  
Vice President/Production  
(Title)  
October 9, 1975  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED OCT 10 1975, 19\_\_\_\_  
BY *W. A. Gressett*  
TITLE SUPERVISOR, DISTRICT II

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.