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LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

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

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

RECEIVED

MAY 12 1982

O. C. D.
ARTESIA, OFFICE

Operator Curtis Hankamer /		
Address 9039 Katy Freeway, Suite 430, Houston, Texas 77024		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-1-82 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED mms appr.
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanson Federal DE	Well No. 2	Pool Name, Including Formation Brushy Draw (Delaware)	Kind of Lease State, Federal or Fee Federal	Lease No. LC071066
Location				
Unit Letter M	458'	Feet From The South	Line and 744'	Feet From The West
Line of Section 12	Township 26S	Range 29E	NMPM,	Eddy 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> No Market	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 M	Sec. 12
	Twp. 26S	Rge. 29E
	Is gas actually connected? no	
	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-21-82	Date Compl. Ready to Prod. 3-10-82	Total Depth 3268'	P.B.T.D. 3249'					
Elevations (DF, RKB, RT, GR, etc.) 3008' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 3213.5	Tubing Depth 3200'					
Perforations 3213.5 - 3214, 3219.5 - 3221, 3231 - 3232'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 5/8"	7" 20#	450'	200 sx Cl C					
6 1/8"	4 1/2", 10.5#	3249'	80 sx Cl C & additives					
	2 3/8"	3200'						

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 3-10-82	Date of Test 3-15-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure NONE	Casing Pressure NONE	Choke Size NONE
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 10	Gas-MCF 12

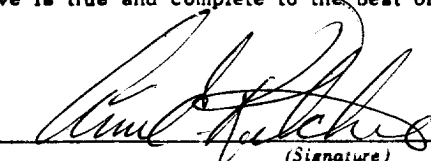
Posted 10-2
7-16-82
Comp + All

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

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.




Agent

(Title)

4-20-82

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 15 1982
BY 
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