

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

Operator

OIL

GAS

HANSON OPERATING COMPANY, INC.

RECEIVED BY

MAY 03 1986

O. C. D.

PERMIA/ OFFICE

Address

P. O. BOX #1515, ROSWELL, NEW MEXICO 88202-1515

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Change name of well from Hanson Federal #17 to Hanson Federal - Battery 2, Well #17.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Hanson Federal Batt. 2

Well No.

17

Pool Name, including Formation

North Mason (Delaware)

Kind of Lease

State, Federal or Fee

Federal LO

Lease No

068282B

Location

Unit Letter

L

Feet From The

2310

South

Line and

950

Feet From The

West

Line of Section

25

Township

26S

Range

31E

NMPM,

Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil

The Permian Corporation

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1183, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas

Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

4001 Penbrook St., Bartlesville, Oklahoma 74004

If well produces oil or liquids, give location of tanks.

Unit

O

Sec.

25

Twp.

26S

Rge.

31E

Is gas actually connected?

Yes

When

01/30/86

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

COMPLETION DATA

Designate Type of Completion -- (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'

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

Post-ID-3

5-16 86

Only well Name

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/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

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.

Brinda R. Godfrey

(Signature)

Production Analyst

(Title)

05/07/86

(Date)

OIL CONSERVATION COMMISSION

MAY 12 1986

APPROVED

Original Signed By

Mike Williams

Oil & Gas Inspector

TITLE

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 devlotion 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