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TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	

**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

CHANGE IN OPERATOR NAME FROM
HANSON OIL COMPANY
TO
HANSON OIL CORPORATION
EFFECTIVE: APRIL 1, 1970

Operator Ernest A. Hanson **HANSON OIL COMPANY**

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

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change In Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Combine tank batteries on same lease to better handle salt water disposal. Eliminate tract numbers.
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	<i>Change battery location, Change lease name</i>
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanson Federal	Well No. 1	Pool Name, Including Formation North Mason Delaware	Kind of Lease State, Federal or Fee Fed.	Lease No. LC-06820-B
Location Unit Letter M ; 330 Feet From The South Line and 330 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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.

Harry P. Johnson
(Signature)
Exploration Manager
(Title)
June 1, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 2 1968, 19____
BY *[Signature]*
TITLE *[Signature]*

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.