

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico
(Place)

8-5-59

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Ernest A. Hanson, individually, and M.A. Waters, Jr.,
and N.R. Williamson, a partnership, Hanson State 1, Well No. 2, in NE 1/4, SE 1/4,
(Company or Operator) (Lease)

I, Sec. 16, T. 11, R. 27, NMPM., Undesignated Cuyate Creek Pool
Unit Letter

Chaves

County. Date Spudded 7-7-59

Date Drilling Completed 7-11-59

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

2310S 330E

Tubing, Casing and Cementing Record

Size	Feet	Sax
4 1/2"	927	100

Elevation _____ Total Depth 927 PBD 923

Top Oil/Gas Pay 832 Name of Prod. Form. Queen Sand

PRODUCING INTERVAL -

Perforations 832-854 863-878 887-893

Open Hole none Depth Casing Shoe 927 Depth Tubing 850

OIL WELL TEST -

Natural Prod. Test: none bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 37 bbls. oil, none bbls water in 24 hrs, _____ min. Size 1" Choke

GAS WELL TEST -

Natural Prod. Test: TSTM MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: TSTM MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 700 Bbls. of oil and 120,000 lbs. of sand

Casing Tubing Date first new Press. 150 Press. 50 oil run to tanks 8-4-59

Oil Transporter Cactus Petroleum Company, Inc.

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved AUG 17 1959, 19 _____ Ernest A. Hanson, individually, and M.A. Waters, Jr.
and N.R. Williamson, a partnership
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M.L. Armstrong
Title OIL AND GAS INSPECTOR

By: _____
(Signature)

Title Agent

Send Communications regarding well to:

Ernest A. Hanson, individually, and M.A. Waters, Jr.
Name and N.R. Williamson, a partnership

Address Box 144, Artesia, New Mexico

OIL CONSERVATION COMMISSION	
ARIZONA DISTRICT OFFICE	
No. Copies	5
	3
	1
	1
	1
	✓