DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE Operator		CONSERVATION COMMISSIO FOR ALLOWABLE AND ANSPORT OIL AND NATU	Supersedes Old C-104 and C-110 Elifective 1-1-65				
Paul Slay	con [*]		O. C. C.				
Address 115 East (Country Club, Roswell, New	Mexíco 88201	ARTESIA, OFFICE				
Reason(s) for filing (Check proper New Well Recompletion Change in Ownership	Change in Transporter of: Oil X Dry G Casinghead Gas Conde	nsate	he Permian Corp.				
If change of ownership give nar and address of previous owner	^{ne} E. A. Hanson, Box 1515,	Roswell, N.M. 1/2 -	Continental Oil Co., Box 431				
. DESCRIPTION OF WELL A			-Midland, Texas 1/2-				
Lease Name Levick D State	Well No. Pool Name, Including F 4 Coyote Quee		of Lease Lease No.				
Location			, Federal or Fee State E-8732				
Unit Letter i ;	330 Feet From The North Lin	ne and Fee	East				
Line of Section 15	Township 11S Range	27Е , ммрм,	Chaves County				
Name of Authorized Transporter o	ORTER OF OIL AND NATURAL GA	19 Address (Give address to which	th approved copy of this form is to be sent)				
Scurlock Oil Company Name of Authorized Transporter of			ilding, Midland, Texas				
Name of Authorized Transporter of Nor		Address (Give address to whit	h approved copy of this form is to be sent)				
lf well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When				
give location of tanks.	★£] 15 11S 27E	No	l 				
If this production is commingled . <u>COMPLETION DATA</u>	i with that from any other lease or pool,	give commingling order numb	er:				
Designate Type of Compl	etion = (X)	New Well Workover De	epen Plug Back Same Res'v. Dlif. Res'v.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Eievations (DF, RKB, RT, GR, et.	Name of Producing Formation	The ciliforn Day					
Liorations (Dr., RRB, RT, GR, et		Top Oil/Gas Pay	Tubing Depth				
Perforations		· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe				
	TUBING, CASING, ANI	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
. TEST DATA AND REQUEST OIL WELL	able for this de	fter recovery of total volume of i opth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-				
Date First New Oil Run To Tanks	Date of Test	Producing Mothed (Flow, pump	, gas lift, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil-Bbla.	Veter - Sbis.	Gas-MCF				
Actual Proa, During Test		WCtor-BD.S.	Gas-MCF				
	· · · · · · · · · · · · · · · · · · ·						
GAS WELL Actual Prod. Test-MCF/D	Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Sizu				
. CERTIFICATE OF COMPLI	ANCE	OIL CONS	ERVATION COMMISSION				
Y Lander - alt for the state		APPROVED					
Commission have been complie	nd regulations of the Oil Concervation of with and that the information given the best of my knowledge and belief.	1. A Grantt					
above is true and complete to	the best of my knowledge and belief.	BY					
		TITLE					
Jane	e west	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deopened well, this form must be accompanied by a tabulation of the deviation teste taken on the well in accordance with RULE 111.					
	e Ce est						
	Clerk (Title)	All acctions of this form must be filled out completely for allow- able on new and recompleted wells.					
	vember 8, 1967	Fill out only Section	as I. H. HI. and VI for changes of owner,				
	(Date)	well name or number, or tr	ansporter, or other such change of condition.				

t serves Forms C-104 must be filled for an

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-	NO. OF COPIES RECEIVED 5	-		_						
ľ	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND Form C-104 Supersedes Old C-104 and C Effective 1-1-65						Old C-104 and C-11:		
-	FILE							1-65		
ł	LAND OFFICE									
	TRANSPORTER OIL	-								
	GAS OPERATOR 2	-					FEB 2219	267		
I .	PRORATION OFFICE	1	·······					/07		
	Operator Ernest A, Hanson						LA. C. C. ARTEDIA, OFF	, (****		
ł	Address			1				- Kull P.A.		
	P. O. Box 1515, Roswel Reason(s) for filing (Check proper box		ico asac		her (Please exp	laint				
	New Well	/ Change in 7	Change from mellood				1e 105- C			
	Recompletion Oil X Dry Gas C Clau						IVE MARCH 1, 1967			
L	Change in Ownership	Casinghead	Gas Conder	isate	EFFECI	IVE MA	KCH 1, 1967			
	f change of ownership give name and address of previous owner									
		LEACE								
••• [DESCRIPTION OF WELL AND		Pool Name, Including F	ormation	Kin	d of Lease	,, <u></u> , <u></u> , <u></u> , <u>we</u> , <u></u>	Lease No.		
	Levick State DE	4	Coyote Qu	een	Sta	te, Federal	or Fee State	6-8732		
	-	() Feet From	The Marth Lin	e and S	30 F	eet From T	the East			
					•		1			
L	Line of Section 15 Tov	wnship 11 S	Range 2	<u>7 E</u>	, NMPM,		Chaves	County		
I . j	DESIGNATION OF TRANSPORT					·		۰ 		
	Name of Authorized Transporter of Oil THE PERMIAN CORPOR		idensate 🔛				ed copy of this form i	s to be sent) 79701		
ŀ	'Name of Authorized Transporter of Cas		or Dry Gas				LAND, TEXAS ed copy of this form i			
	None			 	11	Whe				
	If well produces oil or liquids, give location of tanks,	Unit Sec.	Twp. Rge.	is gas actua	lly connected?	wne	n			
L J	f this production is commingled with	th that from any	other lease or pool,	give commin	gling order nur	nber:				
	COMPLETION DATA		Well Gas Well	New Well		eepen	Plug Back Same F	Res'v, Diff. Res'v.		
	Designate Type of Completion			 		p				
	Date Spudded	Date Compl. Red	ady to Prod.	Total Depth		<u> </u>	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Product	ing Formation	Top Oil/Gas	s Pay		Tubing Depth			
			······································							
	Perforations						Depth Casing Shoe			
		CEMENTING RECORD			I					
	HOLE SIZE	CASING 8	& TUBING SIZE	DEPTH SET			SACKS C	EMENT		
		+	·····							
								······		
ا ۲			TE (Test must be a	1			ind must be equal to a			
¥ •	TEST DATA AND REQUEST F	OR ALLOWAD	able for this de	pth or be for f	ull 24 hours)			w exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test		Producing M	ethod (Flow, pu	mp, gas lif	t, etc.)			
ł	Length of Test	Tubing Pressure	8	Casing Pres	вше		Choke Size			
				Water - Bbls.		Gas - MCF				
	Actual Prod. During Test	Oil-Bbls.		Water - Bois.			GdB+MCF			
I.	<u></u>	<u> </u>		.k	·		<u> </u>			
٢	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Conde	nsate/MMCF		Gravity of Condenso	ate		
ľ	Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pres	sure (Shut-in)	Choke Size			
l T	CERTIFICATE OF COMPLIAN	L		<u> </u>			TION COMMISS			
4.	CLAIFICATE OF COMPLIAN				÷	ر برج الحر الحر	R7			
	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	BY CH. C. Steaster								
	()			TITLE _	CIL AND S.	14 - 25 - 20 	~ \$ \$\$ 55 			
	Key STR	Gaus		This	form is to be	filed in c	ompliance with RU	LE 1104.		
	(may M.	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								
	T	ature)		tests tak	en on the well	in accor	dance with RULE at be filled out com	111.		
•	, (Ti	tle)	<u> </u>	able on n	new and recom	pleted we	118.			
	(Da	ate)	14 (Fill well name	out only Sect e or number, or	ions I, II transport	III, and VI for cler, or other such che	hanges of owner, ange of condition.		
				·		101	he filed for each	باستدانيس ستاممه		

All sections of this form must be filled out completely for allow-able 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.