

SANTA FE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	<input type="checkbox"/>	<input type="checkbox"/>
OIL	<input type="checkbox"/>	<input type="checkbox"/>
GAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROPRATION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
O.C.D.
ARTESIA, OFFICE
MAR - 6 1985

Operator
HANSON OPERATING COMPANY, INC. ✓
Address
P. O. BOX #1515, ROSWELL, NEW MEXICO 88202-1515

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change Operator from:
Recompletion <input type="checkbox"/>	Fossil Fuel, Inc., c/o Oil Reports & Gas
Change in Ownership <input checked="" type="checkbox"/> (Operator)	Services, Box #763, Hobbs, N.M. 88240
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 22	Well No. 1	Pool Name, Including Formation Undes. Sams Ranch	Kind of Lease State, Federal or Fee Federal	Lease No. NM-8363
Location Unit Letter <u>D</u> ; <u>595'</u> Feet From The <u>North</u> Line and <u>718'</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>14S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Pgs. Is gas actually connected? 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	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, CR, 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
			Part ID-3
			3-15-85
			By: [Signature]

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/M-MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.

Brenda R. Witt
(Signature)
Production Analyst
(Title)
03/05/85
(Date)

OIL CONSERVATION COMMISSION

MAR 12 1985

APPROVED _____, 19

ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOC

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 deviated 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 conditions.