	NO. OF COPIES RECEIVED	15	7				
	DISTRIBUTION		1	NE	W MEXICO	) OIL C	· ()
	SANTA FE	/		,,_		UEST	
	FILE	/_	1				
	U.S.G.S.	<del>                                     </del>	. Al	JTHORIZ	ATION T	O TRA	۱N
	I_AND OFFICE	1,1	-				
	RANSPORTER GAS	1/	-				
	OPERATOR	2	-				
I.	PRORATION OFFICE Cperator					· ··	_
	P. O. Box			ll, New	Mexico	88	2
	Reason(s) for filing (Check	proper box					
	New Well Fecompletion		Oil	inge in Trai	nsporter of:	D C	
	Change in Ownership			inghead Go	. 🖺	Dry Ga Conder	
				inghedd Go	·• —	Conde	130
	If change of ownership gi and address of previous o						_
II.	DESCRIPTION OF WE	LL AND	LEASE Wel	l No. Pool	Name, Incl	uding F	orn
	Hanson A	State		00	Coyot		
	Location  Unit Letter	_ ;	.650 Fe	et From Th	<b>.</b>	Lin	e c
	Line of Section 16	Tov	vnship	11 S	Rar	nge 2	27
							_
III.	Name of Authorized Transp	orter of Oil	TER OF	or Conden	NATUR sate	AL GA	S
	THE PERMIAN C	ORPORA'	rion'				!
	Name of Authorized Transp	1 .	singhead C	Gas 🗀 🤇	or Dry Gas		,
	If well produces oil or liqui	VORE	Unit	Sec.	1 - 1	Rge.	Ī
	g ve location of tanks.		P	<u> </u>	118	27E	
IV.	If this production is comm COMPLETION DATA	ningled wit	th that fro	om any oth	er lease o	r pool,	gi
	Designate Type of (	Completic	on - (X)	Oil We	ll Gas	Well	1
	Date Spudded	-	Date Co	mpl. Ready	to Prod.		7
	E evations (DF, RKB, RT,	GR. etc.;	Name of	Producing	Formation		1
							L
	Perforations						
					NG, CASIN		) (
	HOLESIZE		CASING & TUBING SIZE				
							-
							t
V.	TEST DATA AND REC	UEST F	OR ALL	OWABLE	(Test m able for	ust be a; this de	
	Date First New Oil Run To	Tanks	Date of	Test			F
	Length of Test		Tubing I	Pressure	<del></del>		1
	Actual Prod. During Test		Oil-Bbl	<b>6.</b>	<del></del>		V
	GAS WELL	<u> </u>					,
	Actual Prod. Test-MCF/D		Length o	of Test			E
	Testing Method (pitot, back	e pr. )	Tubing F	ressure (S	hut-in l		-
	(proof) date			(0	,		
VI.	CERTIFICATE OF COMPLIANCE						
	I hereby certify that the r Commission have been c above is true and compl	omplied v	ith and	that the is	nformation	given	
	$\sim$						11

## NSERVATION COMMISSION OR ALLOWABLE AND

ISPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I-AND OFFICE	THE THE RESERVE TO THE	THO ON OIL AND	INATORAL C							
RANSPORTER OIL										
GAS	4									
PROPATION OFFICE	4									
Cperator	<u> </u>									
Ernest A. Hanson	<b>a</b>									
Address			-							
P. O. Box 1515, Roswell, New Mexico 8820										
Reason(s) for filing (Check proper box	•	Other (Pleas								
New Well	Change in Transporter of:		well the	m Millo. RCH 1, 1967	al.					
Fecompletion	Oil Dry Go	is C//-1	ECTIVE MA	DCII 1 1067	That					
Change in Ownership	Casinghead Gas Conder	nsote Err	ECIIVE MA	КСП 1, 1907						
If change of ownership give name										
and address of previous owner										
. DESCRIPTION OF WELL AND	LEASE									
Lease Name Hanson A State	Well No. Pool Name, Including F  100 Coyote Que		Kind of Lease		Lease No.					
	too coyote que		State, Federal	or Fee State	6-8/39					
Location I	.650 <b>s</b>	330		B						
Unit Letter;	L650 B Feet From The Lin	e and	Feet From T	`he						
Line of Section 16	wnship 11 S Range 2	27 E , NMPN	Charm		County					
Line of Section 100	wnsnip nunge	, MMPN	13		County					
. DESIGNATION OF TRANSPORT	<u>rer of oil and natural ga</u>	S								
Name of Authorized Transporter of Oil		Address (Give address	to which approv	ed copy of this form is	to be sent)					
THE PERMIAN CORPORA	rion'	P. O. BOX 3			79701					
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address	to which approv	ed copy of this form is	to be sent)					
None		Is gas actually connect	ed? Whe	<u> </u>						
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rige.   P   16   118   27E	No	ed: whe	n						
L	<del></del>	<del></del>	-							
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling orde	r number:							
	Oi: Well Gas Well	New Well Workover	Deepen	Plug Back   Same Re	estv. Diff. Restv.					
Designate Type of Completion	$\operatorname{pn} = (X)$		1	1 1 1 1	<u> </u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.						
					·· · · · · · · · · · · · · · · · · · ·					
E.evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth						
				Depth Casing Shoe						
Perforations				Depth Cusing Silve						
	TUBING, CASING, AND	CEMENTING RECOR	חי	I						
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CE	MENT					
11022012			<del></del>							
		<u> </u>		l						
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volu		nd must be equal to or	exceed top allow-					
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hour: Producing Method (Flow	<u> </u>	etc.)						
Date First New Oil Run 10 lanks	Date of Test	Producting Method (1-10)	o, pamp, gas con	,,,						
Length of Test	Tubing Pressure	Casing Pressure		Choke Size						
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF						
GAS WELL	T.	1-0								
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensat	•					
Table 1600 d form back on t	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-1n \	Choke Size						
Testing Method (pitot, back pr.)	I ubing Pressure (SMUE-IR)	Cosing Plessure (Succ	-1,	Chore Size						
CORPUSION OF COMPLIAN	<u> </u>	011	CONSERVA	TION COMMISSIO	NI					
. CERTIFICATE OF COMPLIANCE	U <b>E</b>	OIL CONSERVATION COMMISSION								
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	ું જિલ્લા 		, 19					
Commission have been complied w	vith and that the information given	2//	Li a Garage							
above is true and complete to the	best of my knowledge and belief.	BY	# # # # # # # # # # # # # # # # # # #	OTOR						
<b>⊘</b> .		TITLE OIL AN	D GAS INSPE	0198						
	A.	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened								
the mind	Haran									
(Signo	ature)	wall this form mus	t be accompan	ied by a tabulation	of the deviation					
9 Renati	<del>7</del> 7 :			iance with RULE 11						
(Tit	ile)	All sections of this form must be filled out completely for allowable on new and recompleted wells.								
F.b.	30, 1367	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.								
(Da	ite)									
Separate Forms C-104 must be filed for each pool in multiple completed wells.										