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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

RECEIVED

AUG 2 1965

Operator Ernest A. Hanson	
Address P. O. Box 1515, Roswell, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	(Former Water Injection Well, Now on Production) Request for Allowable and Change of Well No. From W104 to 104
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
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 Levick, State <del>TX</del>	Well No. 104	Pool Name, Including Formation Coyote Queen	Kind of Lease State, Federal or Fee State
Location Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>15</u> , Township <u>11 South</u> Range <u>27 East</u> , NMPM, <u>Chaves</u> 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"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 330, Abilene, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 <u>L</u>	Sec. <u>15</u>
	Twp. <u>11S</u>	Rge. <u>27E</u>
	Is gas actually connected? <u>No</u>	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/12/65	Date Compl. Ready to Prod. 3/22/65	Total Depth 916'	P.B.T.D. 905'					
Pool Coyote Queen	Name of Producing Formation Queen	Top Oil/Gas Pay	Tubing Depth 901					
Perforations 819-23, 830-42, 848-65, 875-88	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
POLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12"	9-5/8"	166'			28 sax pumped			
8-3/4"	7"	820'			200 sax circulated			
6 1/4"	4 1/2"	920'			25 sax liner tool			

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 July 1, 1965	Date of Test July 1, 1965	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 1 bbl.	Water-Bbls. 40	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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 F. Schuman  
(Signature)  
Geologist  
(Title)  
July 30, 1965  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1965, 19  
BY M. L. [Signature]  
TITLE OIL AND GAS INSPECTOR

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 Sections I, II, III, and VI only 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.