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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
CHANGE IN OPERATOR NAME FROM:
HANSON OIL COMPANY
TO
HANSON OIL CORPORATION
EFFECTIVE: APRIL 1, 1970

Form C-104
Supersedes Old C-104 and C-110
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O. O. O.
ARTESIA, OFFICE

Operator Hanson Oil Company	
Address P. O. Box 1515, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller Federal	Well No. 1 Pool Name, Including Formation Undesignated Penn.	Kind of Lease State, Federal or Fee Federal	Lease No.
Location			
Unit Letter P	990 Feet From The South Line and 990 Feet From The East		
Line of Section 26	Township 14-S	Range 27-E	NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation	P. O. Box 3119, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Corp.	Phillips Bldg., Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 26	Twp. 14S Rge. 27E
			is gas actually connected? No When 3-4-70 Immediately

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.
		X	X					
Date Spudded 12-3-69	Date Compl. Ready to Prod. 1-25-70	Total Depth 8278'		P.B.T.D. None				
Elevations (DF, RKB, RT, GR, etc.) 3450' GL	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 8010'		Tubing Depth 7500'				
Perforations Open hole 8010-8278'				Depth Casing Shoe 8010'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12-3/4"		206'		820 sx. circ.			
12"	8-5/8"		1615'		250 sx.			
7-7/8"	5-1/2"		8010'		100 sx.			

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)

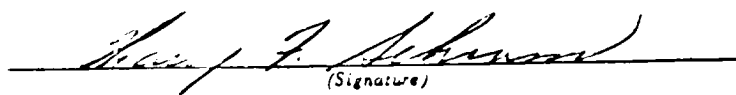
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 800	Length of Test 24 hrs.	Bbls. Condensate/MMCF 9	Gravity of Condensate
Testing Method (pilot, back pr.) Back Press.	Tubing Pressure (Shut-in) 2139#	Casing Pressure (Shut-in) None	Choke Size 12/64"

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.


(Signature)
Exec. Vice President
(Title)
Feb. 7, 1970
(Date)

OIL CONSERVATION COMMISSION
MAR 18 1970
APPROVED _____, 19_____
BY **W. A. Gressett**
TITLE **SENIOR OIL 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 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