

DATE RECEIVED	
CLASSIFICATION	
SANTA FE	2
FILE	2
USE	2
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

RECEIVED

APR 25 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
O. C. D.
ARTESIA OFFICEHarrison, ~~James~~ DEB Hanson Energy

Address

Rt. 1 Box 60 Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

change in ownership name

If change of ownership give name and address of previous owner James Harrison Hanson Rt. 1 Box 60 Artesia, N.M. 88210

DESCRIPTION OF WELL AND LEASE

Lease Name Trigg Fed.	Well No. 2	Pool Name, Including Formation Empire Yates Seven Rivers	Kind of Lease State, Federal or Fee Fed. LC	Lease No. 064058
Location Unit Letter 0 : 300 Feet From The S Line and 2510 Feet From The E Line of Section 26 Township 17S Range 27E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Hovato Refining Co., Dallas, Tex.	Address (Give address to which approved copy of this form is to be sent) H. Freeman Ave., Dallas, Tex.	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 0	Sec. 26
	Twp. 17S	Rge. 27E
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, 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		

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Kathie Hanson
(Signature)

Secretary

(Title)

4/16/1983

(Date)

OIL CONSERVATION DIVISION

SEP 12 1983

APPROVED _____, 19

Original Signed By

BY Leslie A. Clements

Supervisor District II

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-zoned wells.