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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

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OCT 15 1969

D. C. C.  
ARTEBIA, OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
CHANGE IN OPERATOR NAME FROM  
HANSON OIL COMPANY  
TO  
HANSON OIL CORPORATION  
EFFECTIVE: APRIL 1, 1970

Operator Hanson Oil Company A Harold Kersey

Address P.O. Box 1515, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Oil  Dry Gas  Effective November 1, 1969.

Recompletion  Casinghead Gas  Condensate

Change in Ownership

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Schram Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Red Lake Queen Grayburg SA</b>	Kind of Lease State, Federal or Fee Fed. <b>Fed.</b>	Lease No. <b>LC068712A</b>
Location Unit Letter <b>L</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>West</b>				
Line of Section <b>14</b> Township <b>17S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>The Permian Corporation</b>	<b>P.O. Box 3119, Midland, Texas 79701</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Phillips Petroleum Company</b>	<b>Bartlesville, Oklahoma</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>14</b>	Twp. <b>17S</b>	Rge. <b>28E</b>
	Is gas actually connected? <b>Yes</b>		When <b>12-17-62</b>	

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.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Jan Petti  
(Signature)

Agent

(Title)

October 14, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

W. A. Gressett

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 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 completed wells.

