

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1988
See Instructions
at Bottom of Page

1-C-18 1992
O.C.D.
c/yr
r/t
c/t
of

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Hanson Energy Well API No. 300152203900S1

Address R. 342 S. Haldeman Rd. Artesia, N.M. 88210

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of: ☐ Dry Gas ☐ Effective December 1, 1992

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☒

If change of operator give name and address of previous operator Happy Oil Company, Box 770, Artesia, N.M. 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hastie</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Red Lake Qn, GRB, SA</u>	Kind of Lease <u>State, Federal or Tex</u>	Lease No. <u>LC045818A</u>
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Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 18 Township 17S Range 28E NMPM Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Navajo Refining Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 159. Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>GPM Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>4404 Penbrook, Odessa, Tx 79762</u>
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>18</u> Twp. <u>17S</u> Rge. <u>28E</u> Is gas actually connected? <u>yes</u> When? <u>9/20/78</u>

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		
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

TUBING, CASING AND CEMENTING RECORD

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - BBls.	Water - BBls.
		Choke Size <u>1-8-93</u>
		Gas - MCF <u>6 mg of</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	BBls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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
Kathie Hanson
Printed Name
12/10/92
Date

Secretsry
While
746-2262
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 5 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

