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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
James Warren Hanson ✓

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5-25-86

If change of ownership give name
and address of previous owner _____
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harbold	Well No. 16	Pool Name, including Formation Empire Yates 7 Rivers	Kind of Lease State, Federal or Fee Fed	Lease No. LC050158
Location Unit Letter <u>C</u> : <u>396</u> Feet From The <u>N</u> Line and <u>2250</u> Feet From The <u>W</u> Line of Section <u>35</u> Township <u>17S</u> Range <u>27E</u> , NMPM, <u>Eddy</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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Post ID-2 4-25-86 Camp 4 BK					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 26	Twp. 17	Rge. 27	Is gas actually connected? <input checked="" type="checkbox"/>	When 4-25-86

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Kathie Hanson
(Signature)
Secretary
(Title)
4/11/86
(Date)

OIL CONSERVATION DIVISION
APPROVED APR 23 1986, 19 _____
BY Les A. Clements
TITLE Supervisor District II

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.

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 2/27/86	Date Compl. Ready to Prod. # 3/31/86	Total Depth 407'				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3555 Gr	Name of Producing Formation Yates 7 Rivers	Top Oil/Gas Pay 402'				Tubing Depth 396' 394'			
Perforations Open Hole 394' to 407'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	2 3/8" tubing		394'						
8"	5 1/2" casing		396'		150				
	2 3/8		394						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 3/31/86	Date of Test 4/1/86	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hr.	Tubing Pressure 25#	Casing Pressure 0	Choke Size
Actual Prod. During Test 6 bbl	Oil - Bbls. 1	Water - Bbls. 5	Gas - MCF

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