

REQUEST FOR ALLOWABLE
AND
AUT. ORIZATION TO TRANSPORT OIL AND NAT. L GAS

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I.

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

Other (Please explain) **CASINGHEAD GAS MUST NOT BE
FLAMED AFTER 3/22/75
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe	Well No. 1	Pool Name, including Formation Wildcat <i>Dickenson - San Andres</i>	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>35</u> Township <u>10-S</u> Range <u>36-E</u> , NMPM, Lea 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 838 Lovington Hwy. Hobbs, N.M. 8824					
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)					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 35	Twp. 10-S	Rge. 36-E	Is gas actually connected?	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-22-74	Date Compl. Ready to Prod. 1-26-75	Total Depth 10,800'	P.B.T.D. 5103'					
Elevations (DF, RKB, RT, GR, etc.) 3987.1	Name of Producing Formation San Andres	Top Oil/Gas Pay 4996'	Tubing Depth 4950'					
Perforations 4996-5004' - 5014-5020'			Depth Casing Shoe 5103'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12 3/8"		370'		410 sx. circ.			
11"	8 5/8"		4300'		500 sx.			
7 7/8"	5 1/2"		5103'		325 sx.			
	2 3/8"		4950'					

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 1-20-75	Date of Test 1-26-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure Nil	Casing Pressure Nil	Choke Size None
Actual Prod. During Test 130 bbls.	Oil - Bbls. 25 bbls.	Water - Bbls. 105 bbls.	Gas - MCF Nil

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.

Lay Willis
(Signature)
Vice President - Production
(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *[Signature]*

TITLE **SUPERVISOR**

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.

JAN 29 1975

OIL CONSERVATION COM'
HOBBBS, M. M.