

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

REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

MAR 3 1975

O.C.C.
ARTESIA, OFFICE

Operator Hanson Oil Corporation		
Address P.O. Box 1515 Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	PR 9/1/75
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	EXEMPTION TO R-4070
	Dry Gas <input type="checkbox"/>	IS OBTAINED
	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State	Well No. 1	Pool Name, Including Formation Vada Penn	Kind of Lease State, Federal or Fee State	Lease No. L-494-1
Location Unit Letter H ; 766 Feet From The East Line and 1874 Feet From The North Line of Section 2 Township 9-S Range 33-E , 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 3119 Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, Oklahoma 74001			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2	Twp. 9-S	Rge. 33-E
	Is gas actually connected?		When	
	no			

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-30-74	Date Compl. Ready to Prod. 2-27-75		Total Depth 9610'		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) 4336' GL	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9543'		Tubing Depth 9400			
Perforations 9543' - 9565'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12 3/4"		404		400 sx. (circ.)			
11"	8 5/8"		4000		300 sx.			
7 7/8"	5 1/2"		9610		400 sx.			
	2 3/8"		9400					

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 2-27-75	Date of Test 2-27-75	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size None
Actual Prod. During Test 805	Oil-Bbls. 325	Water-Bbls. 480	Gas-MCF 40

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.


(Signature)

Vice President - Production
(Title)

2-28-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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.

RECEIVED

MAR 4 1975
OIL CONSERVATION COMM.
HOBBES N. M.