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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Hanson Oil Corporation	
Address P.O. Box 1515, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/>	Other (Check one) CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/4/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Transporter of: Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. **R-5215**

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Amoco State	Well No. 3	Pool Name, including Formation Flying "M"- ABO	Kind of Lease State, Federal or Fee State	Lease No. K-6657
Location Unit Letter I ; 660 Feet From The East Line and 1980 Feet From The South Line of Section 10 Township 9-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Transporter of Oil (X) or Condensate <input type="checkbox"/> Permian Corporation		Address (Give address to which approved copy of this form is to be sent) Box 175 Artesia, New Mexico 88210 Box 3119, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas (X) 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, Okla. 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? No		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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input checked="" type="checkbox"/>
Date Spudded 7-1-75	Date Compl. Ready to Prod. 11-17-75		Total Depth 9625'		P.B.T.D. 9055'			
Elevations (DF, RKB, RT, GR, etc.) 4364 GL	Name of Producing Formation ABO		Top Oil/Gas Pay 8684'		Tubing Depth 8620			
Perforations 8685-8706' = 30 holes, 2 shots per foot		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12 3/4"		422'		300 sx. circ.			
11"	8 5/8"		3870'		650 sx.			
7 7/8"	5 1/2"		9619'		725 sx.			
	2 3/8"		8620'					

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 11-15-75	Date of Test 11-15-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 120	Oil-Bbls. 115	Water-Bbls. 5	Gas-MCF 150

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. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
_____ (Signature)		BY Jerry L. Stephens	
Vice President/Production (Title)		TITLE DEPUTY DIRECTOR	
1/20/76 (Date)		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 portions 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.	