

SANITARY	
TITLE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**REQUEST FOR ALLOWABLE
AND**

*Supersedes Old Form
Effective 1-1-75*

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: **Hanson Oil Corporation**

Address: **P.O. Box 1515, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): **CASINGHEAD GAS MUST NOT BE PLACED IN THE POOL UNLESS AN EXCEPTION TO B-4070 IS OBTAINED. 12/1/75**

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State	Well No. 3	Pool Name, including Formation Vada Penn R-5124	Kind of Lease State, Federal or Fee State	Lease No. K-6657
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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 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? No	When
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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"/>
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Date Spudded 7-1-75	Date Compl. Ready to Prod. 9-23-75	Total Depth 9625'	P.B.T.D. 9622'
Elevations (DF, RKB, RT, GR, etc.) 4364 GL	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9540'	Tubing Depth 9550'
Perforations 9540'- 9558'- 38 holes- 2 shots per foot			Depth Casing Shoe 9622'

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"	9550'	

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 9-23-75	Date of Test 9-23-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 330 bbls.	Oil - Bbls. 64 bbls.	Water - Bbls. 266 bbls.	Gas - MCF 7 MCF

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.

Ray W. [Signature]
 Vice President/Management
 9-23-75
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *John W. Remyan*
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat. tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells 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 conditions.
 Separate Forms C-104 must be filed for each pool in multi-completed wells.