

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership
 Other (Please explain): **CASINGHEAD GAS MUST NOT BE FLASHED OFFER 5/5/76 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: **York** Well No.: **1** Pool Name, including Formation: **UNDESIGNATED** Kind of Lease: **R-5683** Lease No.:
 Location: Unit Letter **N**; **660** Feet From The **South** Line and **1980** Feet From The **West**
 Line of Section **12** Township **T-16-S** Range **R-34-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Navajo Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent): **P.O. Box 159, Artesia, New Mexico**
 Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 **N** Sec. **12** Twp. **16-S** Rge. **34-E** Is gas actually connected? **NO** When:

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded: **5-14-55** Date Compl. Ready to Prod.: **2-23-76** Total Depth: **10,843** P.B.T.D.: **4234'**
 Elevations (DF, RKB, RT, GR, etc.): **4066 GL** Name of Producing Formation: **Penrose** Top Oil/Gas Pay: **4109'** Tubing Depth: **4086'**
 Perforations: **4110'-26' - Total of 32 holes** Depth Casing Shoe:
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8"	341'	300 sx. circ.
12 1/4"	8 5/8"	4595'	3600 sx.

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: **3-5-76** Date of Test: **3-5-76** Producing Method (Flow, pump, gas lift, etc.): **Pump**
 Length of Test: **24 hours** Tubing Pressure: **Nil** Casing Pressure: **40#** Choke Size: **None**
 Actual Prod. During Test: **16 bbls.** Oil-Bbls.: **8 bbls.** Water-Bbls.: **8 bbls.** 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: _____

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 Wilb.
 (Signature)
 Vice President/Production
 (Title)
 March 5, 1976
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY **Jerry S. [Signature]**
 TITLE _____
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or despoiled well, this form must be accompanied by a tabulation of the deviate 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.