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S.G.S.	
AND OFFICE	
TRANSPORTER	OIL GAS
PERATOR	
RORATION OFFICE	
erator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-11
Effective 1-1-65

Hanson Operating Company, Inc.

dress

P. O. Box 1515, Roswell, New Mexico 88201

ason(s) for filing (Check proper box)

Well	☐
Completion	☐
Change in Ownership	☐

Change in Transporter of:

Oil	☐	Dry Gas	☐
Casinghead Gas	☐	Condensate	☐

Other (Please explain)

Effective July 1, 1982

Change Operator Name from:

Hanson Oil Corporation
P. O. Box 1515, Roswell, NM 88201

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.					
Pure State	2	Pearl - Queen	State, Federal or Fee State	E-6005					
Section	Unit Letter	I	1980	Feet From The	South	Line and	660	Feet From The	East
Line of Section	36	Township	19-S	Range	34-E	NMPM,	Lea	County	

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation Permian (Eff. 9 / 1 / 87)	P. O. Box 1183 - Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Well produces oil or liquids, a location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	I	36	19-S	34-E	No	

Is production commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole	Dist. Resv.
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
WELL

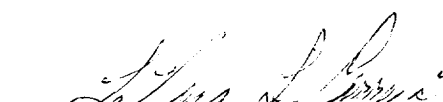
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Oil Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size

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 is in true and complete to the best of my knowledge and belief.


(Signature)

Production Analyst

(Title)

6/24/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19

BY ORIGINAL SIGNED BY

JERRY SEAMAN

TITLE DISTRICT ENGINEER

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.

RECEIVED
JUN 28 1982
O.C.D.
HOBBS OFFICE