	NO OF COMES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL	REQUES	CONSERVATION COMMIS_ AI T FOR ALLOWABLE ANDERS OFFICE 0. C. C. RANSPORT OIL AND NATHE AUG 11 11 55 AIT 67	AL GAS
I,	OPERATOR CHANGE IN NAME OF OPERATION OFFICE		CHANGE IN OPERATOR NAME FROM: HANSON OIL COMPANY	
	Ernest A. Hanson TO: HANSON OIL COI		HANGON	
	P. O. Box 1515, Rosw Reason(s) for filing (Check proper New Well Recompletion Change in Ownership	eltrouines Neutlety 1, 1969 box/ Change in Transporter of: Oil KX Dry C Casinghead Gas Cond	Other (Please explain)	
	and address of previous owner			
	DESCRIPTION OF WELL AN Lease Name Mescalero Ridge Unit Location Unit Letter <u>G</u> ;	Well No. Pool N	ame, Including Formation 1 Queen Ine and <u>1980</u> F oo t F	Kind of Lease NM 052 State, Federal or Fee Federal
		Township 19 South Range	34 East , NMPM,	Lea County
111.	DESIGNATION OF TRANSPO Name of Authorized Transporter of	RTER OF OIL AND NATURAL G		approved copy of this form is to be sent)
	Ridge Pipeline Compan Name of Authorized Transporter of Phillips Petroleum Com If well produces off or liquids,	Casinghead Gas 🙀 or Dry Gas 📋		pproved copy of this form is to be sent)
	give location of tanks. If this production is commingled	J 35 198 34E with that from any other lease or pool,		
1V.	COMPLETION DATA Besignate Type of Comple	Ott Well Cor Well	New Well Workover Deeper	
	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations		`	Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
v .	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	fter acovery of total volume of load	oil and must be equal to or exceed top allow-
	DIL WELL able for this depth or be for full 24 hours) bit und must be equal to be exceed top all Date First New Oll Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oli Bbis.	Water - Bbls.	Gas+MCF
I				
[GAS WELL Actual Prod. Testet/CF/D	Length of Test	Bhis, Condensate/MMCF	Gravity of Condensate
	i esting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
L VI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
	Commission have been complied	regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	APPROVED, , 19 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 allow- able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.	
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