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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		-
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Cperator		
Frnest A Har	nson	

(Date)

110

SANTA FE FILE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
U.S.G.S. LAND OFFICE			
IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE			
Cperator			
Ernest A. Hanson Address P. O. Poy 1515 Possell	Maria Maria 2		
P.O. Box 1515, Roswell, Reason(s) for filing (Check proper box)	New Mexico	104(2)	
New Wel: Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde	Other (Please explain) Change in Pool	Designation
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND L			
Mescalero Ridge Unit	!	rime, Including Formation Pl Seven Rivers	Kind of Lease State, Federal or Fee Federal
Unit Letter I ; 2310'	Feet From The South Lir	ne and 990' Feet From	The <u>East Line</u>
Line of Section 35 , Town	ship 19 S Range	34 E , NMPM, Le	a County
McWood Corporation	ER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of Castr Phillips Petroleum Corpo	aghead Gas 📉 or Dry Gas 🗶	2003 Wilco Bldg, Midla Address (Give address to which appropriate Bartlesville, Oklahom	oved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Jnit Sec. Twp. Rge. 1 35 19S 34E		May, 1965
If this production is commingled with V. COMPLETION DATA	that from any other lease or pool,	give commingling order number:	
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
2/16/65	Date Compl. Ready to Prod. 2/22/65	Total Depth 4023'	P.B.T.D. 4023'
Pearl Seven Rivers X	Name of Producing Formation Seven Rivers Formation	Top Cil/Gas Pay 4003'	Tubing Depth 4000'
Perforations 1 jet/ft. @ 4003, 4004	4005',4007',4008',4009	',401/1',4013',4015'	Depth Casing Shoe
HOLESIZE	CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
7-7/8"	8-5(8"	215'	125 sx. xcirculated
7-778	8-1/2"	40231	125 sx. Mocore
V. TEST NATA AND REQUEST FOR OLL WALL Date First New Oll Run To Tooks	able for this de	pun or be for fulled hours)	and must be equal to or exceed top allow-
4/1/65	4/1/65	Producing Method (Flow, pump, gas N	(t, etc.)
24 hrs	ubing Pressure	Casing Acessure	Shoke Size
Actual Prod. During Test C	60	Water-Bbls.	Gas-NCF
GAS WELL			
	ength of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	ubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIANCE			TION COMMISSION
I hereby certify that the rules and reg Commission have been complied with above is true and complete to the be	and that the information given if	APPROVED	, 19
		TITLE	
1 2 1]	This form is to be filed in c	
Harry F. Schram (Signatur Geologist	e)	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.	
(Title)			st be filled out completely for allow-
June 10, 1965		_	and VI only for changes of owner,

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply