

RECEIVED
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SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 11 11 57 AM '67

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

CHANGE IN NAME OF OPERATOR

CHANGE IN OPERATOR NAME FROM
HANSON OIL COMPANY
TO

FROM: ERNEST A. HANSON
TO: HANSON OIL COMPANY

HANSON OIL CORPORATION
EFFECTIVE APRIL 1, 1970

P. O. Box 1515, Roswell, New Mexico 87601
Effective January 1, 1969

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|-----------------------|--|---|
| Lease Name Mescalero Ridge Unit | Well No. 15 | Pool Name, Including Formation Pearl Queen | Kind of Lease State, Federal or Fee NM 052 Federal |
| Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 35 , Township 19 South Range 34 East , 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"/> Ridge Pipeline Company, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1515, Roswell, New Mexico | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 35 | Twp. 19S |
| | Rge. 34E | Is gas actually connected? Yes | When |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Poy | | | Tubing Depth | | | | |
| Perforations | | | | | Depth Casing Shoe | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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)

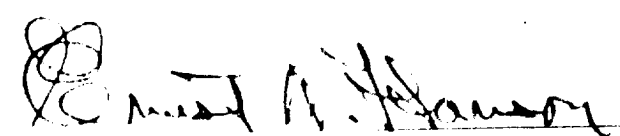
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls.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

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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.


(Signature)

Operator
(Title)

August 9, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 deviate 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 Sections I, II, III, and VI only for changes of own well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

СЕРТИФИКАТ
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