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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator		CHANGE IN NAME OF OPERATOR		CHANGE IN OPERATOR	
Ernest A. Hanson		FROM: ERNEST A. HANSON		TO: HANSON OIL COMPANY	
Address		P. O. Box 151, Roswell, New Mexico		HANSON OIL CORPORATION	
Reason(s) for filing (Check proper box)		Effective January 1, 1969		EFFECTIVE: APRIL 1, 1970	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease
Mescalero Ridge Unit "26"		5	Pearl Queen	State, Federal or Fee Federal
Location				
Unit Letter K ; 1650 Feet From The South Line and 1980 Feet From The West				
Line of Section 26 , 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"/>		Address (Give address to which approved copy of this form is to be sent)				
Ridge Pipeline Co., Inc.		P. O. Box 1515, Roswell, New Mexico				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Company		Phillips Bldg., Odessa, Texas				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	26	19S	34E	Yes	May 1, 1967

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.
X		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
April 4, 1967	May 1, 1967		5174' dolo.		5159'				
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Pearl Queen	Queen Formation		4990'		4950'				
Perforations		5006'		Depth Casing Shoe					
1 SPF @ 4990', 499', 4992', 4994', 5003', 5004', 5005' &				5159'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/2"		8-5/8"		235'		200 sx. circ.			
7-7/8"		5-1/2"		5159'		350 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
May 1, 1967	May 4, 1967	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	0#	0#	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	80	0	TSTM

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.

Harry P. Schuman
(Signature)

Exploration Manager

(Title)

May 5, 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 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 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 completed wells.