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

CHANGE IN NAME OF OPERATOR

FROM: ERNEST A. HANSON

TO: HANSON OIL COMPANY

Ernest A. Hanson

P. O. Box 1515, Roswell, New Mexico

Reason for filing (check proper box)

Change in Operator ☒

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

CHANGE IN OPERATOR NAME FROM:
HANSON OIL COMPANY

TO

HANSON OIL CORPORATION

EFFECTIVE: APRIL 1, 1970

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mescalero Ridge Unit "26"	Well No. 7	Pool Name, Including Formation Pearl Queen	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter M ; 990 Feet From The South Line and 990 Feet From The West Line of Section 26 , Township 19-S Range 34-E , 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 Co., 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 Co.	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, Texas	
If well produces oil or liquids, give number of tanks. Unit P Sec. 26 Twp. 19S Rge. 34E	Is gas actually connected? Yes	When December 10, 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) X	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded Nov. 4, 1967	Date Compl. Ready to Prod. Dec. 10, 1967		Total Depth 5031' dolo.			PERFID. 5029'		
Pool Pearl Queen	Name of Producing Formation Queen Formation		Top Oil/Gas Pay 4614'			Tubing Depth 4550'		
Perforations 1 SPF @ 4614, 4623, 4630, 4633, 4642, 4646, 4989 & 4993'						Depth Casing Shoe 5031'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/2" 7-7/8"		CASING & TUBING SIZE 8-5/8" 5-1/2"		DEPTH SET 223' 5031'		SACKS CEMENT 200 sx. circ. 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 Dec. 10, 1967	Date of Test Dec. 10, 1967	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 38	Water-Bbls. 52	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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)

Exploration Manager

(Title)

December 11, 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.