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RANSPORTER	OIL		
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TEW MEXICO OIL CONSERVATION COMMIS T REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104	
Supersedes Old C-104 a	and C-116

Section Pederal RB 1 Lynch Middly Yates 7 Rivers Section Force Pederal LC-0703	RANSPORTER GAS PERATOR PHORATION OFFICE Perdict			
Hanson Operating Company, Inc. ### P. O. Box 1515, Roswell, New Mexico 88201 ***Company to Temporate and Company to Temporate and Change Operator Name from: Same f	PHORATION OFFICE			
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hereby carrier that the rules and regulations of the Cil Conservation APACVEC	hereby certify that the rules and regulations of the Gil Conservation	A-PAUVEU)
ommission have been complied with and that the information saven of SY SECTION SECTION	compliance blue been complied with and that the information given			
TITLE DISTRICT I SUPR.	. //			
This form is to be filed in compliance with RULE 1104.	<i>01 DD</i> .			
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	1/26/d2 (Tate)	ship on new milit	manggaras walls.	
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IRANSPORTER	OIL	
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE	A. A. A.	96 2) 31 M 169	
	IRANSPORTER OIL			DPERATOR NAME FROM:
}	OPERATOR			
1.	PRORATION OFFICE		HANSO:	4 C!L COMPANY
	Operator Hanson Oil Compar	ıy		OIL CORPORATION
	Address P. O. Box 1515. F	Roswell, New Mexico	88201	· · · · · · · · · · · · · · · · · · ·
}	Reason(s) for filing (Check proper box)	• • • • • • • • • • • • • • • • • • • •	Other (Please explain)	
-	New Well .	Change in Transporter of:		
}	Recompletion	Oil X Dry Gas		ember 1, 1969
į	Change in Ownership	Casinghead Gas Condens		
	If change of ownership give name and address of previous owner			
Ι.	DESCRIPTION OF WELL AND I	EASE	rmation Kind of Legae	No.
	Lease Name	Well No. Pool Name, Including For		Lease No.
	Federal RB	l Lynch Middle	Yates 7 Rvr State, Federal	Fed.
		Feet From The North Line	and 1980 Feet From T	he <u>East</u>
	Line of Section 21 Tow	mship 20-5 Range 3	4-E , NMPM,	Lea County
	PROJECT ATTION OF THANKHOP	TER OF OIL AND NATURAL GAS	3	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
	The Permian Corp	oration	P. O. Box 3119, Mic	lland, Texas 79701
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
	give location of tanks.	B 21 205 34E	No	
		th that from any other lease or pool, g	give commingling order numbers	
*	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
	Designate Type of Completion	on = (X)		
	Date Spudde	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, NT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	<u> </u>	<u> </u>	Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de	pth or be (or full 24 hours)	and must be equal to or exceed top allow
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	i, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	OM-Bble.	Water-Bble.	Gas-MCF
	GAS WELL		Bbis, Condensate/MMCF.	Gravity of Condendate
	Actual Prod. Test MCF/D	Length of Test		Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Preseure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	11	TION COMMISSION
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED AU	27 1969 . 19
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY DEDVISOR DETRICES	
	•			compliance with RULE 1104.
	<i>-</i>		II THIS TOTAL TO DO TITOR TIL	e la propieta de la compansa del compansa de la compansa del compansa de la compa

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 only Sections I. II. III, and VI 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.

Manager

August 25,

(Title)

(Date)

1969

NO. OF COPIES RECEIVED DISTRIBUTION IEW MEXICO OIL CONSERVATION COMMISSI Form C-104 SANTA FF Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR CHANGE IN NAME OF OPERATOR PRORATION OFFICE FROM: ERNEST A. HANSON Ernest A. Hanson HANSON OIL COMPANY 10: Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate Effective March 1, 1968 If change of ownership give name II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Federal Federal RB Lynch Middle Yates 7 Rvrs Location , 660 Feet From The North Line and 1980 Feet From The East 20 South Range 34 East , Township Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🛣 Address (Give address to which approved copy of this form is to be sent) Scurlock Oil Company Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____ 428 Mid America Bldg., Midland, Texas, 79701 odress (Give address to which approved copy of this form is to be sent) Rge. Is gas actually connected? When Unit Sec. Twp. 21 20S 34E If this production is commingled with that from any other lease or pool, give commingling order number: Same Restv. Diff. Re Gas Well Workover Oil Well New Well Plug Back Besignate Type of Completion -(X)Date Spudde Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Pool Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD DEPTH SE CASING & TUBING SIZE SACKS CEMENT HOLE SIZE must be after recovery of total volume of load oil and must be equal to or exceed top allow-for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL thod (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Producing Tubing Pressure Choke Size Casing Pressure Length of Test Gas - MCF Out-Bbls Water - Bbls. Actual Prod. During Test

GAS WELL

Actual Prod. Test MCF/D

esting Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Nary F.

Length of Test

Tubing Pressure

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.

Exploration Manager

February 26, 1968

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

Bbls. Condensate/MMCF

Casing Pressure

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.

NEW MENICO OIL CONSERVATION COMMISSION REQUEST FOR ALL DVABLE NEW MENICO OIL CONSERVATION COMMISSION REQUEST FOR ALL DVABLE HITCHIS AND OFFICE OIL JAND OIL JAN				
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PRODUCTION OF VELL AND LEASE Consequence Conference		-		
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Name of Comparison Continues Continu				
Research Section of texts Section Completion Co				
Reason(s) for filing (Check proper box)		<u>I</u>		
Change in Ownership give name Continge to Transporter of Contingency	P. O. Box 1515, in Reason(s) for filing (Check proper bo	toswell, New Mexico-8820		
Recomposition Continue Continue Continue Dry Gos Condensate Dry Gos Dr			Oner (1 teas	se expluin)
Constrained Constraints EFFECTIVE MARCH 1, 1967 If change of ownership give name and address of previous owner	Recompletion	• • • • • • • • • • • • • • • • • • •		
If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Very compared to previous owner Very compared to Very				PECTIVE MADOU 1 1067
DESCRIPTION OF WELL AND LEASE Lease Nume Federal RB 1	onange in Owneramp	Casingheda Gas Cond	lensate EFF	ECTIVE PARCH 1, 1907
Lesse Name				
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Unit Letter B : Feet From The Line and Feet F		1 Lynch Middle	-Yates	
Line of Section 21 Township 20 Range 34 NMPM, Les County	/			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Unit Letter B	Feet From TheL	ine and	Feet From The
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil Street THE PERRIAN CORPORDRATION Name or Authorized Transporter of Cosinghead Gas	Line of Section 21 To	wnship 20 Range 3	, NMPN	M, Lea Cour
THE PERMIAN CORPORATION Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved to be sent) Address (Give address to which approved to this form is to	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of Casinqhaad Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) None If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE Allowable Test in the deter 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) Producing Method (Flow, pump, gas lift, etc.) CASING Tubing Pressure Actual Prod. During Test OII-Bbls. Water-Bbls. Gas-MCF Casing Pressure (Shut-in)		- -	Address (Give address	to which approved copy of this form is to be sent)
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This form is to be filed in compliance with RULE 1104.

APPROVED

TITLE.

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.

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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 only Sections I, II, III, and VI 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.