

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

DISTRIBUTION		
ANCA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Hanson Operating Company, Inc.

Address

P. O. Box 1515, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐

Dry Gas ☐  
Condensate ☐

Other (if please explain) Effective July 1, 1982

Change Operator Name from:  
Hanson Oil Corporation

P. O. Box 1515, Roswell, New Mexico 88201

change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal RB	Well No. 1	Pool Name, including Formation Lynch Middy Yates 7 Rivers	Kind of Lease State, Federal or Free Federal	Lease No. LC-070315
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 21 Township 20-S Range 34-E NMPM Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> --	Address (Give address to which approved copy of this form is to be sent)
Does well produce oil or liquids, give location of tanks.	Unit Sect. Twp. Rng. B 21 20-S 34-E No

this production is commingled with that from any other lease or pool, give commingling order number

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Refract.	Workover	Deepen	Plug Back	Change Prod./Inj.	Unit Plugs
as Spudded	Date Compl. Ready to Prod.	Total Depth	M.B.T.D.					
Deviation (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING LOG

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of land oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

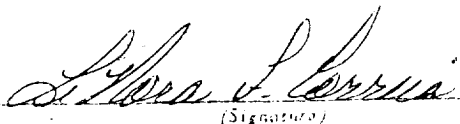
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Crack Size
Notes, Prod. During Test	Oil-Sbta.	Water-Sbta.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Boils, Condensate-MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Crack Size

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)

Production Analyst

(Date)

6/25/82

(Date)

OIL CONSERVATION COMMISSION

JUL 23 1982

APPROVED \_\_\_\_\_, 19

ORIGINAL SIGNED BY

BY JERRY SEXTON

TITLE DISTRICT SUPER.

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

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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

CHANGE IN OPERATOR NAME FROM:  
HANSON OIL COMPANY  
TO

HANSON OIL CORPORATION  
EFFECTIVE: APRIL 1, 1970

Operator Hanson Oil Company		HANSON OIL CORPORATION	
Address P. O. Box 1515, Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective September 1, 1969	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal RB	Well No. 1	Pool Name, including Formation Lynch Middle Yates 7 Rvs	Kind of Lease State, Federal or Fee Fed.	Lease No.
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 21 Township 20-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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 21	Twp. 20S	Rge. 34E	Is gas actually connected? No	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.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			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 (Shut-in)	Casing Pressure (Shut-in)	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 F. Schuman  
(Signature)  
Manager  
(Title)  
August 25, 1969  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 27 1969, 19\_\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT I

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 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.

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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. CHANGE IN NAME OF OPERATOR**

Operator **Ernest A. Hanson** FROM: **ERNEST A. HANSON**  
Address **P. O. Box 1515, Roswell, New Mexico, 88201** TO: **HANSON OIL COMPANY**  
Reason(s) for filing (Check proper box) **Effective: January 1, 1969**  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ **Effective March 1, 1968**

If change of ownership give name  
and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Federal RB</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Lynch Middle Yates 7 Rvrs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>B</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>21</b> , Township <b>20 South</b> Range <b>34 East</b> , NMPM, <b>Lea</b> 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"/> <b>Scurlock Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>428 Mid America Bldg., Midland, Texas, 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>21</b>	Twp. <b>20S</b>	Rge. <b>34E</b>	Is gas actually connected? <b>No</b>	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'tv. ☐ Diff. Res'tv. ☐

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>			
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.

**Exploration Manager**  
(Signature) **February 26, 1968**  
(Date)

**OIL CONSERVATION COMMISSION**  
APPROVED **Feb 26 1968**, 19  
BY **Joe A. Hames**  
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.  
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	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
HOBBS AND O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
FEB 22 1 07 PM '67

Form C-104  
Supersedes Old C-104 and C-110  
HOBBS AND O.C.C.  
FEB 28 11 55 AM '67

I. Operator  
**Earnest A. Hanson**  
Address  
**P. O. Box 1515, Roswell, New Mexico-88201**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**EFFECTIVE MARCH 1, 1967**  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal RB</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Lynch Middle-Yates</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>L.C. 070315</b>
Location Unit Letter <b>B</b> ; Feet From The <b>7</b> Line and <b>11</b> Feet From The <b>E</b> Line of Section <b>21</b> Township <b>20</b> Range <b>34</b> , NMPM, <b>Lea</b> 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"/> <b>THE PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 3119, MIDLAND, TEXAS 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>21</b>	Twp. <b>20 S.</b>	Rge. <b>34 E</b>	Is gas actually connected? <b>* NO</b>	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.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		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 (shut-in)	Casing Pressure (shut-in)	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)  
**Feb. 20, 1967**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_

TITLE \_\_\_\_\_

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