45. SE CSP EB PEC	Liets	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		

July 13, 1970

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65				
	U.S.G.S.	AND				•		
LAND OFFICE OIL								
	TRANSPORTER GAS GAS							
	OPERATOR]						
ı.	PRORATION OFFICE				· · · · · · · · · · · · · · · · · · ·			
	Operator							
	Hanson Oil Corporation Address							
	P. O. Box 1515, Roswell, New Mexico 88201							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well K Change in Transporter of: THIS WELL HAS BEEN PLACED IN THE POOL							
	Recompletion Dry Gas DESIGNATED BELOW. IF YOU DO NOT CONCUR							
	Change in Ownership Casinghead Gas Condensate Condensate							
	If change of ownership give name							
	and address of previous owner				····			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation	Kind of Lease	· · . · . · . · · · · · · · · · ·	Lease No.		
	Mattern	2 Blinebry - Oil	1 2005	State, Federal	or Fee Fee			
	Location					· !		
	Unit Letter K : 198	80 Feet From The South Lin	e and 1783	Feet From Th	West			
	Line of Section 30 Tov	wnship 21-S Range	37-E , NMPI	M, Le	a	County		
			_					
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		to which approve	d copy of this form is t	o he senti		
	Permian Corp.	CA CONCENSATO	,			•		
	Name of Authorized Transporter of Cas		P. O. Box 3119, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.			P. O. Box 158					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connec			· · · · · · · · · · · · · · · · · · ·		
	give location of tanks.	K 30 215 37E	Yes	<u> </u>				
	If this production is commingled wil	th that from any other lease or pool,	give commingling orde	er number:		•		
	COMPLETION DATA				5 1 6 5	A. IDIG DA.		
	Designate Type of Completic	on - (X)	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth		P.B.T.D.	<u> </u>		
	6-18-70	7-12-70	6012'		6011	ı		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	3511' KB	Blinebry	5501'		5440	1		
	Perforations			Depth Casing Shoe				
	28 holes @ 5501-5923' 6012'							
		TUBING, CASING, AND			CACKE CEL			
	HOLE SIZE CASING & TUBING SIZE 17-1/2" 12-3/4"		DEPTH SET		SACKS CEMENT			
	11"	8-5/8"	2658		250 sx.			
	7-7/8"	5-1/2"	6012		450 sx.			
			UVI					
V.	TEST DATA AND REQUEST F		fter recovery of total voi		nd must be equal to or e	exceed top allow		
• -	OIL WELL	able for this de	pth or be for full 24 hou	ra)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas tift,	etc.j			
	7-12-70 Length of Test	7-12-70 Tubing Pressure	Flow Casing Pressure		Choke Size			
	24 hrs.	500#	Pkr.		14/64"			
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.		14/64" Gas-MCF			
		105	0					
	' <u></u>							
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM)F	Gravity of Condensate			
			Casing Pressure (Shu	****	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cdsing Pressure (Bitte	L-111,	Croke Size			
				CONSERVAT	FIONI COMMISSIO			
VI.	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVA	rion commissio 15 197L	N		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 10 15/L 19					
	Commission have been complied with and that the information given		Se Star					
	above is true and complete to the best of my knowledge and belief.		BY Janes					
			TITLE SUPERV	ISOR DISTA	1CF			
	This form to be filled in comple							
	If this is a request for allowable			ble for a newly drill	ed or deepened			
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	Exec. Vice Pres			t be filled out comple				
	(Title)		able on new and	ecompleted wel	ia.	<u>.</u>		

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.

RECEIVED

JUL 1 11070

OIL CONSERVITION COMMIL.