	CIVED	İ	
DISTRIBUTIO	N		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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Geologist

(Title)

September 14, 1970

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIES

Form C-104
Supersedes Old C-104 and C-110

3001072	- REQUEST	FOR ALLOWABLE	Effective 1-1-65	
FILE	-	AND		
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	L GAS	
LAND OFFICE				
TRANSPORTER OIL				
GAS	_			
OPERATOR				
1. PRORATION OFFICE				
Operator Usasan Od 1 Corno	ration			
Hanson Oil Corpo	Lativii			
Address	Percell Nov. Mandan 9020	1		
Reason(s) for filing (Check proper b	Roswell, New Mexico 8820	Other (Please explain)		
	Change in Transporter of:	Ollier (Fiedde Explain)		
New We!I	Oil XX Dry Go			
Recompletion	Casinghead Gas Conder	<b>75</b>		
Change in Ownership	Carmynad Car			
If change of ownership give name				
and address of previous owner				
II DESCRIPTION OF WELL AND	n i pasp			
II. DESCRIPTION OF WELL AN	Well No. Pool Name, Including F	ormation Kind of L	ease Lease No.	
Moore	1 Blinebry - Oi	1 State, Fed	deral or Fee Fee	
Location				
- 10	80 Feet From The South Lir	ne and 410Feet Fr	om The <u>East</u>	
Unit Letter :19	Feet From The Double Lir	the dud test tr		
Line of Section 25	Township 21-S Range 3	6-E , NMPM,	Lea County	
Line of Section 23	2123	10-12	MEA	
II DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of C	Oil or Condensate	Address (Give address to which ap	oproved copy of this form is to be sent)	
i		P. O. Box 1510 Mid	land. Texas79701	
Texas-New Mexico Pipe	Casinghead Gas vy or Dry Gas	Address (Give address to which as	proved copy of this form is to be sent)	
1	****	P O Roy 1589 Mid	land Taxas 79701	
Warren Petroleum Corp	Unit Sec. Twp. P.ge.	P. O. Box 1589, Midland, Texas 79701 Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	I 25 21S 36E	No. Immediately		
	with that from any other lease or pool,	give committigiting order mamour.		
IV. COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty	
Designate Type of Comple	x = x	x		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7-4-70	7-31-70	60001	5999'	
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3524 GL	Blinebry	5522	5220	
Perforations			Depth Casing Shoe	
5522 - 5920'	(34 - 3/8" holes)		6000'	
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1/2"	12-3/4"	305 '	250 sx. (circulated)	
11"	8-5/8"	2660'	250 sx.	
7-7/8"	5-1/2"	6000	450_sx.	
		<u>i</u>		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be c	after recovery of total volume of load	oil and must be equal to or exceed top allow	
OIL WELL	3018 70" 11118 0	Producing Method (Flow, pump, go		
Date First New Oil Run To Tanks	Date of Test			
7-31-70	7-31-70 Tubing Pressure	Flow Casing Pressure	Choke Size	
Length of Test		1		
24 hours	1500#	Pkr.	16/64" Gam-MCF	
Actual Prod. During Test	Oil-Bbls.			
	113	Trace		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	DDIS, Condensate/MMCr	O.C.I.Y D. Goldenstein	
		Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cdsind blessma (pure_rm)		
		1	TION CONTINUES.	
VI. CERTIFICATE OF COMPLIA	ANCE	OIL CONSER	RVATION COMMISSION	
		APPROVED 3	1970)	
I hereby certify that the rules ar	nd regulations of the Oil Conservation		trans	
Commission have been complied	d with and that the information given the best of my knowledge and belief.		May	
EDOAS IS LINE BUG COMPLETE TO		1 // 15/10	PERMO	
		171/500		
	ignature)	This form is to be filed	in compliance with RULE 1104.	
	1 in midlen	If this is a request for s	illowable for a newly drilled or deepene	
(S	ignature)	well, this form must be accorded tests taken on the well in a	modeled by a labulation of the dollars	
,	4	fests (sket of the Mart In a		

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

RECEIVED
ON OFFICERS

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