DISTRIBUTION SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C=104 Supersedes Old C=104 and C=110 Effective 1=1=65	
U.S.G.5. LAND OFFICE TRANSPORTER OIL GAS) AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL		
OPERATOR			1	
PRORATION OFFICE		· · · · · · · · · · · · · · · · · · ·	<u></u>	
Hanson Oil Cor	poration			
P.O. Box 1515.	Roswell, New Mexico)		
Reason(s) for filing (Check proper box		Other (Please explain)	- Duinkand after	
New Well Recompletion	Change in Transporter of: Oil Dry C			
Change in Ownership	Casinghead Gas Cond	ensate	<u> </u>	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE. Well No.; Pool Name, Including	Formation Kind of Le	case Lease No.	
Lease Name Kingwood	1 1		eral or Fee Fee	
Location			m Fact	
Unit Letter J : 17	80 Feet From The South L		om The Lust	
Line of Section 25 To	waship 21-S Range	36-E , NMPM, LO	ea County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	Address (Give address to which ap	proved copy of this form is to be sent)	
Name of Authorized Transporter of Oil Union Oil of Ca	lifornia	P.O. Box 3100, M	idland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Co.		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Okla. 74100		
	Unit Sec. Twp. P.ge.	· · · · · · · · · · · · · · · · · · ·	When	
If well produces oil or liquids, give location of tanks.				
If this production is commingled wi	th that from any other lease or poo	l, give commingling order number:		
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
5-10-75	6-13-75	6890 ' Top O!1/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.) 3546.4 GL	Name of Producing Formation Drinkard	6523'	5986'	
Perforations 6737-40.	6746-54, 6773-76, 6	782-84	Depth Casing Shoe	
6636-38, 6644-46, 6	6676-78' 6682-84, 66	91-93, 6730-34 ND CEMENTING RECORD	0090	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17½"	12 3/4"	316'	300 sx. circ.	
7 7/8"	8 5/8" 5 ½"	5998	450 sx-	
4 3/4"	3 ½"	5959-6890'	50 sx.	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this	depth or be for full 24 hours)	oil and must be equal to or exceed top allo-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producting Method (Flow, pump, go	ns tift, etc.)	
6-18-75	1-4-76 Tubing Pressure	Pump Casing Pressure	Choke Size	
Length of Test 24 hours	N - 1	80	Gas-MCF	
Actual Pred. During Test	Oil-Sbls.	Water-Bbls.	Nil	
36	16	120		
GAS WELL		Bbls. Condensate/MMCP	Gravity of Condensate	
Actual Prod. Teot-MCF/D	Longth of Test			
Testing Method (picot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cheko Size	
L CERTIFICATE OF COMPLIANCE		OIL CONSE	TVATION COMMISSION	
I hereby certify that the rules and	regulations of the Oll Conservation site	on APPROVED	12/100	
	with and that the information gives to heat of my knowledge and believed		wind!	
_		TITLE TO TELLE		

Vice President/ Production (Tale)

1/19/76 (Data)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the coviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

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