

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

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|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

I. Operator
Hanson Oil Corporation

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)
CASINGHEAD GAS MUST NOT BE
PLANNED AFTER 6/14/71
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------|
| Lease Name Kingwood | Well No. 1 | Pool Name, Including Formation Blinebry - Oil | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter J ; 1780 Feet From The South Line and 1650 Feet From The East Line of Section 25 Township 21 South Range 36 East , 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"/> Texas-New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 3316 Midland, Texas 79701 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? Where J 25 21-S 36-E No Contracts executed. Waiting on gas connection. |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 3-15-71 | Date Compl. Ready to Prod. 4-14-71 | Total Depth 6000' | P.B.T.D. 5992' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3546.4 GL | Name of Producing Formation Blinebry | Top Oil/Gas Pay 5534' | Tubing Depth 5484' | | | | | |
| Perforations 5534 - 5943' (38 - 0.40" holes) | | | Depth Casing Shoe 5998' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 17-1/2" | 12-3/4" | 316' | 300 sx (circulated) | | | | | |
| 11" | 8-5/8" | 2680' | 250 sx. | | | | | |
| 7-7/8" | 5-1/2" | 5998' | 450 sx. | | | | | |

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 4-14-71 | Date of Test 4-14-71 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hours | Tubing Pressure 200# | Casing Pressure Pkr. | Choke Size 8/64" |
| Actual Prod. During Test | Oil-Bble. 112 | Water-Bble. 7 | Gas-MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bble. 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.

Gerald E. Harrington
(Signature)

Geologist
(Title)

April 15, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 19 1971, 19_____
BY [Signature]
TITLE SUPERVISOR DISTRICT

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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APR 10 1971

OIL CONSERVATION COMM.
HOBBS, N. M.