	SANTA FE	1	UNSERVATION COMM FOR ALLOWABLE AND	ISSION	Form C-104 Supersedes Old Effective 1-1-65	C-104 and C-11		
	J.S.G.S. AND OFFICE TRANSPORTER GAS OPERATOR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
1.	PRORATION OFFICE Operator							
	Hanson Oil Corporation Address							
	P. O. Box 1515, Roswell, New Mexico 88201 Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Filed to show additional Gas							
	Recompletion Oil Dry Gas Transporter. Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner			·				
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.		
	Kingwood			State, Federal o	Fee Fee			
	Unit Letter 0; 660 Feet From The South Line and 1650 Feet From The East							
	Line of Section 25 Township 21S Range 36E , NMPM, Lea County							
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)							
	Texas-New Mexico Pipe Line Comapny Name of Authorized Transporter of Casinghead Gas XX Northern Natural Gas Co. Warren Petroleum Co. P. O. Box 1510, Midland, Texas 79701 P. O. Box 1510, Midland, Texas 79701 P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) High Press 2223 Dodge St., Omaha, Nebraska 68102 Low Press P. O. Box 1589, Tulsa, Oklahoma 74102							
	Warren Petroleum Co. If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 25 21S 36E	Is gas actually connect Yes	ed? When	4-21-72 7-5-72			
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling orde	r number:				
17.	Designate Type of Completion	on - (X)	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.		
	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	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
	TUBING, CASING, AND CEMENTING RECORD				SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	E1	SACKS CEM			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able 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		hoke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls. Gas -		Gas - MCF	MCF		
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gravity of Condensate					
		Tubing Bressure (Shut-in)	Cosing Pressure (Shut	-in)	Choke Size			

VI. CERTIFICATE OF COMPLIANCE

8-2-72

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 Clerk	
(Title)	

(Date)

OIL CONSERVATION COMMISSION

APPROVED	AUG 1 1972 19				
ATT NOTED	Orig. Signed by				
BY	Joe D. Ramey				
TITLE	Dist. I, Supv.				
11166					

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.

RECEIVED

AUG 3 1972 OIL CONSERVATION COMM. HOBBS, N. M.