

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

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

I.

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 <input checked="" type="checkbox"/>	Change in Transporter of:	Gas Connection
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell State	Well No. 1	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee State	Lease No. B-1167
Location Unit Letter <u>0</u> ; <u>1650</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u>				
Line of Section <u>36</u> Township <u>21S</u> Range <u>36 E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.	Box 1589, Tulsa, Oklahoma 74101					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 36	Twp. 21S	Rge. 36E	Is gas actually connected? Yes	When March 13, 1975

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-5-74	Date Compl. Ready to Prod. 1-9-75	Total Depth 6855'	P.B.T.D. 6853'					
Elevations (DF, RKB, RT, CR, etc.) 3493' GL	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6499'	Tubing Depth 6853'					
Perforations 6499'-6583' 17 holes			Depth Casing Shoe 6853'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8"	1160'	450 SX.					
7-7/8"	5-1/2"	6853'	450 SX.					
	2-1/16"	6375'						

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 allowable for this depth or be for full 24 hours)

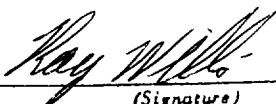
Date First New Oil Run To Tanks 1-9-75	Date of Test 1-9-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr	Tubing Pressure 600#	Casing Pressure Packer	Choke Size 12/64
Actual Prod. During Test 180 bbls.	Oil-Bbls. 165 bbls	Water-Bbls. 15 bbls.	Gas-MCF 200 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

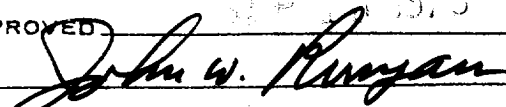
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

Vice President — Production  
(Title)

September 10, 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE \_\_\_\_\_

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.