## HEW MEXICE UIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 FILE Effective 1-1-65 AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PROBATION OFFICE Operator Hanson Oil Corporation Address P.O. Box 1515 Reason(s) for filing (Check proper box) Roswell, New Mexico 88201 Other (Please explain) $\overline{X}\overline{X}$ New Well CASINGHEAD GAS MUST NOT BE PLARED AVETER 2/1/12 UNLESS AR ELECHPTION TO B-4070 Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate IS OPTAINED. If change of ownership give name and address of previous owner \_\_\_\_ THIS WELL HAS BEEN PLACED IN THE POOR DESIGNATED BELOW. IF YOU DO NOT CONCUR H. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation R-4969 Well No. Kind of Lease Shell State Lagse No. 1 Drinkard - Undes State, Federal or Fee State B-1167 Location ; 1650 Feet From The East Line and 660 Unit Letter 0 Line of Section 36 Township 21-S Range 36-E , NMPM, Lea County Address (Give address to which approved copy of this form is to be sent) Permian Corpration Box 3119 Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas \_\_\_\_\_ or Dry Gas \_\_\_\_ Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corp. Box 1589 Tulsa, Oklahoma 74101 Unit Twp. P.ge. If well produces oil or liquids, give location of tanks. Is gas actually connected? When ! 36 21-s 36-E 0 No A.S.A.P. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Designate Type of Completion -(X) XXGas Well New Well Workover Plug Back Same Res'v. Dili. Res'v. XX Date Compl. Ready to Prod. Total Depth P.B.T.D. 11-5-74 1 - 9 - 756855' 6853' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth 3493' GL Drinkard 6499' 6375' Perforations Depth Casing Shoe 6499'-6583' 17 holes 6853' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 8 5/8" 1160' 450 sx. 7/8" 5 ½ " 68531 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test 1-9-75 1-9-75 Flow Langth of Test Tubing Pressure Casing Pressure Choke Size 24 hr. 600# Packer 12/64 Actual Prod. During Test Oil-Bbis. Water - Bbis. Gga - MCF

180 bbls. 165 bbls. 15 bbls. 200 M.C.F **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		
71.	CERTIFICATE OF COMPLIANCE	Œ	OIL CONSERVATION COMMESSION			

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.

Vice President - Production (Title) (Date)

## OIL CONSERVATION COMMISSION

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

If this is a request for allowable for a newly drilled or despende 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 wails.

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.