## A COLLA VISE COLL COLLARM HER REQUEST FOR ALLOWABLE SANTA FE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURA U.S.G.S. AND OFFICE OIL TRANSPORTER : GAS OPERATOR PRORATION OFFICE Hanson Oil Corporation Address P.O. Box 1515, Roswell, New Mexico 88201

| DESCRIPTION OF WELL AND LEASE  Lease Name Shell State  | , No.  |
|--|--|
| AND DFSICE OIL   | .67  |
| AND OF TICE  TRANSPORTER  OIL  TRANSPORTER  OAS  OPERATOR  PROPATION OF FICE  Deperator  Hanson Oil Corporation  Address  P.O. Box 1515, Roswell, New Mexico 88201  Reason(s) for filing (Check proper box) New Weil X  Change in Transporter of: Oil Dry Gas Gas Connection  Change in Ownership Rive name and address of previous owner.  DESCRIPTION OF WELL AND LEASE.  Lease Name  Shell State 2 Drinkard State, Federal or Fee State B-11  Location Unit Letter J, 1980' Feet From The South Line and 1650 Feet From The East  Line of Section 36 Township 21-S Range 36-E, NMPM, Lea Co  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorized Transporter of OIL XX or Condensate Gas Give address to which approved copy of this form is to be sent)  Permian Corporation  Nome of Authorized Transporter of Casinghead Gas Group Reas (Give address to which approved copy of this form is to be sent)  Warren Petroleum Corporation  Nome of Authorized Transporter of Casinghead Gas Group Reas (Give address to which approved copy of this form is to be sent)  Warren Petroleum Corporation  Warren Petroleum Corporation  It well produces oil or Haulds, give location of tarks.  O 186 21S 36E Yes March 13, 1975  If this production is commingled with that from any other fease or pool, give commingling order number:   | .67  |
| OPERATOR  PRODUCTION OFFICE  Departure  Hanson Oil Corporation  Address  P.O. Box 1515, Roswell, New Mexico 88201  Reason(s) for filing (Check proper bax) New Well  Address  P.O. Box 1515, Roswell, New Mexico 88201  Recompletion Oil Dry Gas Gas Connection  Change in Ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Shell State 2 Drinkard  Condensate  Description Unit Letter J : 1980 Peet From The South Line and 1650 Feet From The East  Line of Section 36 Township 21-S Range 36-E NMPM, Lea Co  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Norme of Authorized Transporter of Oil XX or Condensate Box 3119, Midland, Texas 79701  Norme of Authorized Transporter of Oil XX or Condensate Box 11589, Tules and Oxford Description Box 3119, Midland, Texas 79701  Norme of Authorized Transporter of Casinghand Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Warren Petroleum Corporation  Norme of Authorized Transporter of Casinghand Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Warren Petroleum Corporation  Box 3119, Midland, Texas 79701  Help produces oil or liquids, Unit Sec. (Twp. Page. Is gas actually connected? When  It well produces oil or liquids, O 36 21S 36E Yes March 13, 1975  If this production is commingled with that from any other lease or pool, give commingling order number:   | .67  |
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| PROPARTION OFFICE  | .67  |
| P.O. Box 1515, Roswell, New Mexico 88201   | .67  |
| Hanson Oil Corporation   | .67  |
| Reason(s) for thing (Check proper box)  New Well   | .67  |
| P.O. Box 1515, Roswell, New Mexico 88201  Recoson(s) for Filing (Check proper box) New Well X Change in Transporter of: Recompletion Oil Dry Gas Gas Connection  Change in Ownership Gas Connection  Change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE.  Lease Name Shell State 2 Drinkard State, Federal or Fee State B-11  Location  Unit Letter J : 1980   Feet From The South Line and 1650   Feet From The East  Line of Section 36 Township 21-S Range 36-E NMPM, Lea Co  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Neme of Authorized Transporter of Oil XX or Condensate   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 or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Warren Petroleum Corporation Box 1589, Tulsa, Oklahoma 74001  If well produces oil or liquids, Out 1589   San Survey Condensate Out 1589   San Survey Condensate Out 1589   San Survey Change Company Out 1589   San Survey Change Chan | .67  |
| New We!!   | .67  |
| Recompletion Oil Dry Gas Gas Connection  Change in Ownership Give name and address of previous owner DESCRIPTION OF WELL AND LEASE  Lease Name Wall No. Pool Name, Including Formation State, Federal or Fee State B-11  Location Unit Letter J; 1980' Feet From The South Line and 1650 Feet From The East  Line of Section 36 Township 21-S Range 36-E, NMPM, Lea Condensate Designation OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XX or Condensate Designation Or Dry Gas 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 or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Warren Petroleum Corporation Box 1589, Tulsa, Oklahoma 74001  If well produces oil or liquids, Unit See Twp. Page. Is gas actually connected? When Give location of tanks. O 36 21S 36E Yes March 13, 1975  If this production is commingled with that from any other lease or pool, give commingling order number:  | .67  |
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|  |  |
| COMPLETION DATA OIL Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff.   | Res'v.   |
| Designate Type of Completion - (X) XX XX   |  |
| Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.   | 1  |
| 1-1-75 2-10-75 6885'   |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  | í  |
| 3496.9 Drinkard 6600' 6385' Depth Casing Shoe  |  |
| Perforations   | !  |
| 6556' - 6600' TUBING, CASING, AND CEMENTING RECORD   |  |
| DEPTH SET SACKS CEMENT   |  |
| HOLE SIZE CASING & TUBING SIZE 550 mm. 11" 8-5/8" 1160' 550 sx. Circ.  |  |
| 7-7/8" 5-1/2" 6885' 1100 sx.   | <u></u>  |
| 2-1/16" 6385'  |  |
|  |  |
| TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to; able for this depth or be for full 24 hours)   | p allow  |
| OII, WELL   Date First New Oil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)   |  |
| 2-10-75  |  |
| Langth of Twat Tubing Presaws Cosing Presaws Choke Size  |  |
| 24 hrs. 640 Packer 1 10/64"  |  |
| Actual Prod. During Test Oil-Bbls. Water-Bbls. Gds-MCr   |  |
| 186 156 30 40  | <del>,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |
| GAS WELL   |  |

| OII, WELL                       |                 |                               |   |     |  |  |
|---------------------------------|-----------------|-------------------------------|---|-----|--|--|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (riow, pump, | Producing Method (Flow, pump, gas lift, etc.) |     |  |  |
| 2-10-75                         | 2-10-75         | Flow                          |   |     |  |  |
|                                 | Tubing Pressure | Casing Pressure               | Choke Size                                    | 1   |  |  |
| Length of Test                  | · · · · · · · · | Packer                        | 10/64"  | i i |  |  |
| 24 hrs.                         | 640             | Packer                        |   |     |  |  |
|                                 | Otl-Bbls.       | Water-Bbls.                   | Gas-MCF                                       | 1   |  |  |
| Actual Prod. During Test        | <b>-</b> -      | 1 20                          | 4.0   | 1   |  |  |
| 186                             | 156             | 30                            | 40  |     |  |  |
| 1 200                           |                 |                               |   |     |  |  |

| GAS WELL Actual Prod. Test-MCF/D | Length of Teat            | 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

V. COMPLETION DATA

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 (Title) 1975 September 10,

(Date)

OIL CONSERVATION COMMISSION

APPROVED. Geologist 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.