[SANTA FE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65						
	FILE U.S.G.S.	AUTHORIZATION TO TRAN								
	IRANSPORTER OIL GAS									
1.	OPERATOR PRORATION OFFICE									
-	Operator Hanson Oil Corporation									
ŀ	Address P.O. Box 1515, Roswell, New Mexico 88201									
	Reason(s) for filing (Check proper box)	on(s) for filing (Check proper box) Other (Please explain)								
	New Well XX Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Gas Connection Casinghead Gas Condensate								
l	If change of ownership give name and address of previous owner									
	DESCRIPTION OF WELL AND L	EASE	Wantion Kind of Lease							
	Lease Name Shell State	Vell No. Pool Name, Including Fo 2 Blinebry								
		30 Feet From The South Ine	e and <u>1650</u> Feet From T	h. East						
	Line of Section 36 Town	21 C		Jea County						
	DESIGNATION OF TRANSPORTI	ER OF OIL AND NATURAL GA	5							
(11.	Nome of Authorized Transporter of Oil	X or Condensate	Address (Give address to which approv BOX 3119, Midland,	4						
	Permian Corporation	nghead Gas 🕅 or Dry Gas 🗌	Address (Give address to which approv Box 1589, Tulsa, OF	ed copy of this form is to be sent)						
	Warren Petroleum (Warren Petroleum Corporation		Lahoma						
	If well produces oil or liquids, give location of tanks.	0 36 21S 36E	Yes	March 13, 1975						
w	If this production is commingled with COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.						
17.	Designate Type of Completion	(X) (X) (X) (X) $(Gas Well)$	New Well Workover Deepen XX	Plug Back Same Res. Ditt. Res. V.						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 6885'	P.3.T.D.						
	1-1-75 Elevations (DF, RKB, RT, GR, etc.)	2-12-75 Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth						
	3496.9	Blinebry	5738 '	5500 ¹ Depth Casing Shoe						
	Perforations 5515' -	5738'		6885'						
		TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT						
	HOLE SIZE	8-5/8 "	1160'	500 sx. Circ.						
	7-7/8"	5-1/2"	6885'	1100 sx.						
		2-1/16	5500							
v	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total valume of load ail and must be equal to or exc. able for this depth or be for full 24 hours)									
	OII. WELL Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas li	(s, esc.)						
	2-12-75	2-12-75 Tubing Pressure	Flow Casing Pressure	Choke Size						
	Length of Test 24 hrs.	580#	Packer	11/64"						
	Actual Prod. During Test 157	Oil-Bbla. 130	Water-Bbls. 27	30						
	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)	Caxing Pressure (Shut-in)	Choke Size						
v	. CERTIFICATE OF COMPLIANCE		OIL CONSERV.	ATION COMMISSION						
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	7						
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given best of my knowledge and belief.	BY John W. Mingun							
	Л	1.M	This form is to be filed in	TITLE						
	tay M.	lle-	If this is a request for allowable for a newly drilled or deepend the form must be accompanied by a tabulation of the deviation							
	6 (Signi	atwe)	tests taken on the well in accordance with Route title							
	Vice President -	Production	bis on new and recompleted t	All sections of this form must be filled out completely for allow- able on new and recompleted wells.						
	September 10		Il wall name or number, or transpo	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.						
	{Do	14C7	Separate Forms C-104 mu completed wells.	t be filed for each pool in multiply						

all name or n								_	
Separate	Forms	C-104	must	Ъe	filed	for	each	pool	1
mpleted wel	18.								