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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
CHANGE IN OPERATOR NAME FROM
HANSON OIL COMPANY
TO
HANSON OIL CORPORATION
EFFECTIVE: APRIL 1, 1970

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1. Operator (Re-entered old P & A well formerly operated by Ernest A. Hanson (Gulf Oil Corp. - #3 Max Gutman)	
Address P. O. Box 1515, Roswell, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain) NMOC Case #3595, Order #R-3258, grants 40-acre proration unit in Blinebry Oil Pool for this well.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Max Gutman	4	Blinebry Oil	State, Federal or Fee Fee
Location			
Unit Letter F ; 2080 Feet From The North Line and 1980 Feet From The West			
Line of Section 19 , Township 22-S Range 38-E , 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)	
Texas-New Mexico Pipeline Co.	P. O. Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corp.	P. O. Box 1589, Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
K	19	22S
		Rge.
		38E
Is gas actually connected?	When	
Yes	5-15-67	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-28-67	5-15-67	5807'	5785'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Blinebry Oil	Blinebry	5624'	5600'					
Perforations	5695, 5708, 5722 & 5739		Depth Casing Shoe					
1 SPF @ 5624, 5627, 5633, 5647, 5657, 5673, 5684, 5690,			5856'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	9-5/8"	1272'	975 sx.					
6-3/4"	4-1/2"	5856'	633 sx.					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-15-67	5-15-67	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	150	750	16/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	87	0	143.6

GAS WELL

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

Harry P. Schuman
(Signature)
Exploration Manager
(Title)
June 15, 1967
(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 Sections I, II, III, and VI only 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.