

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

Hanson Oil Corporation

Address

P. O. Box 1515, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Max Gutman

Well No.

2

Pool Name, including Formation

Paddock

Kind of Lease

State, Federal or Fee

Fee

Lease No.

Location

Unit Letter

L

;

2080

Feet From The

South

Line and

590

Feet From The

West

Line of Section

19

Township

22S

Range

38E

, NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

☒

or Condensate

☐

Address (Give address to which approved copy of this form is to be sent)

Texas-New Mexico Pipe Line Company

P. O. Box 1510, 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 Let. Corp

If well produces oil or liquids, give location of tanks.

Unit

K

Sec.

19

Twp.

22S

Rge.

38E

Is gas actually connected?

Yes

When

When well completed

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res.

Chl. Res.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Coke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Coke Size

CERTIFICATE OF COMPLIANCE

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

OIL CONSERVATION COMMISSION

APPROVED

19

BY

TITLE

Orig. Signed by

Jerry Sexton

Dist 1, Supv.

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