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

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator
Hanson Operating Company, Inc.

Address
P. O. Box 1515, Roswell, New Mexico 88202-1515

Reason(s) for filing (Check proper box)

New Well		Change in Transporter of:			
Recompletion	X	Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Max Gutman	5	Blinebry	State, Federal or Fee Fee	

Location

Unit Letter K : 640 Feet From The South Line and 1650 Feet From The West

Line of Section 19 Township 22-S Range 38 E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Permian	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	Div of Chevron USA, P. O. Box 1589, Tulsa, Ok 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	19	22S	38E	Yes	April, 1968

If this production is commingled with that from any other lease or pool, give commingling order number: DHC #327

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		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
03/16/68	12/24/87	7447'	5759'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3358' KB	Blinebry	5489'	5759'

Perforations	Depth Casing Shoe
5574-5671', 5489-5527'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1160'	450 sx
7-7/8"	5-1/2"	7447'	625 sx

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
12/24/87	12/25/87	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	61	39 BLW	425 6967/1

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

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.

Brenda R. Godfrey
(Signature)

Production Analyst
(Title)

01/05/88
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN - 7 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.