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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
LAND OFFICE O. G. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 7 11 27 AM '68

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

I. CHANGE IN NAME OF OPERATOR		CHANGE IN OPERATOR NAME FROM	
FROM: ERNEST A. HANSON		HANSON OIL COMPANY	
TO: HANSON OIL COMPANY		TO	
Operator Ernest A. Hanson		HANSON OIL CORPORATION	
Address P. O. Box 1515, Roswell, New Mexico, 88201		EFFECTIVE: APRIL 1, 1970	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Dual Completion	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Case No. 3774	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Order No. R-3422	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

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	Lease No.
Max Gutman	5	Drinkard	State, Federal or Fee	Fee
Location				
Unit Letter	N	640	Feet From The	South
			Line and	1650
			Feet From The	West
Line of Section	19	Township	22 South	Range
			38 East	, 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 Company	P. O. Box 1510, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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.	Twp.	Rge.
	K	19	22 S	38 E
Is gas actually connected?	Yes	When Immediately		

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3-16-68	4-20-68		7447'		7419'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3358' KB	Drinkard		6392'		6350'			
Perforations					Depth Casing Shoe			
38 Perfs. @ 6392-6963'					7447'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 - 1/4"	8 - 5/8"		1180'		450 sx.			
7 - 7/8"	5 - 1/2"		7447'		625 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.)	
4-20-68	4-20-68	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
12	1000		12/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	130	0	

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

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.


(Signature)
Exploration Manager
(Title)
June 6, 1968
(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 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.