

FILE

NO. 123

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

OIL

GAS

ON ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator

Hanson Oil Corporation

Address

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

Reason(s) for filing (Check proper box)

Effective

Other (Please explain)

New Well

Change in Transporter of:

12-1-80

Recompletion

Oil

X

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

(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

Fee

Lease No.

Max Gutman

6

Blinebry

State, Federal or Fee

County

Location

Unit Letter

K

1650

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

or Condensate

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

The Permian Corporation

P. O. Box 1183, Houston, Texas 77001

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 Petroleum Corporation

P. O. Box 1589, Tulsa, Oklahoma 74102

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

Unit

Sec.

Twp.

Pge.

Is gas actually connected?

When

K

19

22S

38E

Yes

February, 1974

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

DHC-308, PC-589

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Resrv.

Diff. Resrv.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Deviations (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

(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.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Prod. Total-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Flowing Method (pump, back pr.)

Tubing Pressure (psia-in)

Casing Pressure (psia-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.

(Signature)

Production Analyst

(Title)

November 18, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED

19

BY

Orig. Signed by

Jerry Sexton

District Supr.

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.