

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator

Hanson Operating Company, Inc.

Address

P. O. Box #1515, Roswell, N. M. 88202-1515

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"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL

DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Max Gutman	Well No. 8	Pool Name, Including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee	Fee	Lease No. Fee
Location					
Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>West</u>					
Line of Section <u>19</u> Township <u>22-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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)				
Permian Corporation	P. O. Box #1183, Houston, Tx. 77001				
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 Co.	P. O. Box #1589, Tulsa, Ok. 74102				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 19	Twp. 22-S	Rge. 38-E	Is gas actually connected? When Yes 01/25/84

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

N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 11/29/83	Date Compl. Ready to Prod. 01/06/84	Total Depth 7500'	P.B.T.D. 7500'					
Elevations (DF, RKB, RT, GR, etc.) 3330.6	Name of Producing Formation Granite Wash	Top Oil/Gas Pay	Tubing Depth 7400'					
Perforations 7425-7475						Depth Casing Shoe 7500'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13-3/8"	350'		350 sx circ to surf				
12 1/4"	8-5/8"	2468'		1300 sx, 188 sx circ to pi				
7-7/8"	5-1/2"	7500'		1455 sx, 100 sx circ to su				

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 01/07/84	Date of Test 01/10/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 350	Casing Pressure -0-	Choke Size 20/64
Actual Prod. During Test	Oil-Bbls. 196	Water-Bbls. -0-	Gas-MCF 80

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.Brenda R. Witt
(Signature)Production Analyst
(Title)01/30/84
(Date)

OIL CONSERVATION COMMISSION

FEB 1 1984

APPROVED _____, 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 allow-
able on now 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.

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