

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		

I. Operator
Hanson Operating Company, Inc.

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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. (6-1-84)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Max Gutman	Well No. 8	Pool Name, Including Formation Wantz Granite Wash R7554	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"/> Permian Corporation Permian (11/1/77)	Address (Give address to which approved copy of this form is to be sent) P. O. Box #1183, Houston, Tx. 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 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 22-S 38-E 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'ty.	Diff. Res'ty.
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-
Actual Prod. During Test	Oil - Bbls. 196	Water - Bbls. -0-
		Choke Size 20/64
		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 allowable 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.

RECEIVED

JAN 31 1984

G.C.D.
HOURS OFFICE