Appropriate District Offices
DISTRICT I
P.O. Box 1980, Hobbs, NN: 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

## Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVE JUL 1 7 1993

at Bottom of P

Revised 1-1-89
See Instructions

| 1000 Rio Brazos Rd., Artec, NM 87410   | REQU   | EST FC             | RAL                  | LOWAE    | BLE AND                                  | AUTHORI                                       | ZATION        | The same              |                                       | U                                      |  |
|--|--|--------------------|----------------------|----------|--|---|---------------|-----------------------|---------------------------------------|--|--|
| I.   |  |                    |                      |          |  | TURAL G                                       | AS            | Seattle at 5' B       |                                       |  |  |
| Operator  Hancon Operating Company Inc.  |  |                    |                      |          |  |   | Well API No.  |                       |                                       |  |  |
| Hanson Operating Company, Inc. /   |  |                    |                      |          |  |   | 1 30.         | - <u>005-6057</u>     | 5                                     |  |  |
| P.O. Box 1515, Roswell   | , New M  | lexico             | 882                  | 202-151  | 15                                       |   |               |                       |                                       |  |  |
| Reason(s) for Filing (Check proper box)  |  |                    |                      |          | Ou                                       | ves (Please expl                              | ain)          |                       |                                       |  |  |
| New Well   | Oil  | Change in 7        | Fransport<br>Dry Gas |          |  |   |               |                       |                                       |  |  |
| Recompletion   | Casinghead   |                    | Condens              |          | EFFEC                                    | TIVE: A                                       | ugust 1       | , 1993                |                                       |  |  |
| If change of operator give name  |  | <del>-,</del>      | •                    |          |  |   | ·-·-          |                       |                                       |  |  |
| and address of previous operator   | ANDIEA   | CE.                |                      |          | <u> </u>                                 | <del></del>                                   |               |                       |                                       | ······································ |  |
| II. DESCRIPTION OF WELL Lease Name   | DESCRIPTION OF WELL AND LEASE  Se Name Well No.   Pool Name, Include |                    |                      |          |  | <del></del>                                   | Kind          | of Lease              | L                                     | zase No.                               |  |
| Hanlad State Battery   | <i>‡</i> 1   |                    |                      |          | Andres                                   |   | Suc.          | FRACENIKAT XFRAC      | LG-74                                 | 25                                     |  |
| Location   |  |                    |                      |          |  |   |               |                       |                                       |  |  |
| Unit LetterD   | _ :66  | 01                 | Feat From            | ш Тье1   | North Lin                                | e and <u>660</u>                              | Fe            | et From The _         | West                                  | Line                                   |  |
| Section 27 Townshi   | p 10S  | ;                  | Range                | 27 E     | , N                                      | мрм,  | (             | Chaves                |                                       | County                                 |  |
|  |  |                    |                      |          |  |   |               |                       |                                       |  |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  [Name of Authorized Transporter of Oil 7] or Condensate Address (Give address to which approved copy of this form is to be sent) |  |                    |                      |          |  |   |               |                       |                                       | m/ \                                   |  |
| Scurlock Permian Corporation   |  |                    |                      |          | P.O. Box 4648, Houston, Texas 77210-4648 |   |               |                       |                                       |  |  |
| Name of Authorized Transporter of Casin  | ghead Gas  |                    | or Dry G             | ar 🗀     | Address (Gir                             | e address to wi                               | rich approved | copy of this for      | m is to be se                         | nt)                                    |  |
| If well produces oil or liquids,   | Unit   | Sec. Twp. Rge.     |                      |          |  |   |               | When ?                |                                       |  |  |
| give location of tanks. D 27 10S   |  |                    |                      |          | NO                                       |   |               |                       |                                       | <del></del>                            |  |
| If this production is commingled with that  IV. COMPLETION DATA  | from any other   | er lease or po     | ool, give            | comming  | ing order num                            | ber:  |               |                       | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·  |  |
| Designate Type of Completion   | - (20)   | Oil Well           | G                    | ıs Well  | New Well                                 | Workover                                      | Deepen        | Piug Back S           | ame Res'v                             | Diff Res'v                             |  |
| Date Spudded   |  | l. Ready to I      | Prod.                |          | Total Depth                              | I   | <u> </u>      | P.B.T.D.              | -                                     | <u> </u>                               |  |
|  |  |                    |                      |          | Top Oil/Gas                              | n   |               |                       |                                       |  |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |  |                    |                      |          | Top Oil/Oas                              | ray   |               | Tubing Depth          |                                       |  |  |
| Perforations   | <u> </u>   | <del>- , - ,</del> | ··.                  |          | <u> </u>                                 |   |               | Depth Casing          | Shoe                                  |  |  |
|  | 77   | IIRING (           | CA SIN               | GAND     | CEMENTI                                  | NG RECOR                                      | מ             | <u> </u>              | -                                     |  |  |
| HOLE SIZE CASING & TUBIN   |  |                    |                      |          | CEMENTING RECORD  DEPTH SET              |   |               | SACKS CEMENT          |                                       |  |  |
|  |  |                    |                      |          |  |   |               |                       |                                       |  |  |
|  |  |                    |                      |          |  |   |               | <del> </del>          |                                       |  |  |
|  | <del>                                     </del>                     |                    |                      |          |  |   |               |                       | <del></del>                           |  |  |
| V. TEST DATA AND REQUES  |  |                    |                      |          |  |   |               |                       |                                       |  |  |
| OIL WELL (Test must be after r   | ·  |                    | flood oil            | and must |  |   |               |                       | full 24 hou                           | ·s.)                                   |  |
| Date First New Oil Run To Tank   | rst New Oil Run To Tank Date of Test                                 |                    |                      |          |  | Producing Method (Flow, pump, gas lift, etc.) |               |                       |                                       |  |  |
| Length of Test   | Tubing Pres  | Tubing Pressure    |                      |          |  | JITE .  |               | Choke Size            |                                       |  |  |
| Actual Prod. During Test   | Oil - Bbls.  | Oil - Bbls.        |                      |          |  | Water - Bbls.                                 |               |                       | Gas- MCF                              |  |  |
|  |  |                    |                      |          |  |   |               | <u></u>               |                                       |  |  |
| 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            |                                       |  |  |
| Chunch anny by A   |  |                    | -                    |          |  |   |               |                       |                                       |  |  |
| VI. OPERATOR CERTIFIC  | ATE OF   | COMPL              | JAN(                 | CE       |  |   | ICEDV         | ATION D               | NACIC                                 | \ <b>k</b> I                           |  |
| I hereby certify that the rules and regul  |  |                    |                      |          |  | JIL CON                                       |               | ATION D               |                                       | NV .                                   |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.   |  |                    |                      |          | Data                                     | Date ApprovedUL 2 0 1993                      |               |                       |                                       |  |  |
|  | _  |                    |                      |          | Date                                     | Abbiose                                       | u             |                       | <del></del>                           |  |  |
| Patricia a. Mc St  | cu   |                    |                      |          | By_                                      |   |               | aren ma               |                                       |  |  |
| Signature<br>Patricia A. McGraw Production Analyst   |  |                    |                      |          | ORIGINAL SIGNED BY MIKE WILLIAMS         |   |               |                       |                                       |  |  |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505)622

Printed Name

July 14,

1993

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

SUPERVISOR, DISTRICT II

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

7330 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.