

FILE						REQUEST FOR ALLOWABLE AND		SUPERSEDES OIL C-704 and C Effective 1-1-63	
U.S.G.S.						OIL CONSERVATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE									
TRANSPORTER		OIL							
		GAS							
OPERATOR									
PRODUCTION OFFICE									
Operator		HANSON OPERATING COMPANY, INC.							
Address		P. O. BOX #1515, ROSWELL, NEW MEXICO 88202-1515							
Reason(s) for filing (Check proper box)						Other (Please explain)			
New Well		Change in Transporter oil							
Recompletion		Oil				Dry Gas			
Change in Ownership	X - 04/01/86	Casinghead Gas				Condensate			
If change of ownership give name and address of previous owner RALPH NIX, P. O. BOX #617, ARTESIA, NEW MEXICO 88210.									
DESCRIPTION OF WELL AND LEASE									
Lessee Name		Well No.		Pool Name, Including Formation		Kind of Lease		Lease No.	
CHERRY		1		Diablo-San Andres		State, Federal or Fee State		L-6278	
Location									
Unit Letter		M	330 Feet From The		South	Line and		330 Feet From The	West
Line of Section		22	Township		10S	Range		27E	NMPM, Chaves County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)				
Navajo Crude Oil Company					P. O. Drawer #175, Artesia, New Mexico 88210.				
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Pge.	Is gas actually connected?		When	
		M	22	10S	27E	No			
If this production is commingled with that from any other lease or pool, give commingling order number:									
COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (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				
					Post 4D-3				
					5-9-86				
					Chg. Op.				
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. Test-MCF/D		Length of Test		Bbls. Condensate/MSCF		Gravity of Condensate			
Testing Method (piggy, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size			
CERTIFICATE OF COMPLIANCE									
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.					OIL CONSERVATION COMMISSION MAY 5 1986				
					APPROVED _____, 19 ____				
					BY Original Signed By Mike Williams				
					TITLE Oil & Gas Inspector				
Brinda R. Godfrey (Signature) Production Analyst (Title) 04/30/86 (Date)					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 deviated 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 conditions.				