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

AND

/ HORIZATION TO TRANSPORT OIL /) NATURAL GAS

Effective 1-1-65

RECEIVED

JAN 13 '88

O. C. D.

ARTESIA, OFFICE

Operator

Hanson Operating Company, Inc. ✓

Address

P. O. Box 1515, Roswell, New Mexico 88202-1515

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*

To change location of tanks.

' change of ownership give name
nd address of previous owner

)ESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No
Cherry [redacted]	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 10-S Range 27-E , NMPM, Chaves County

)ESIGNATION 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)*
Permian	P. O. Box 1183, Houston, Texas 77251-1183
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
N/A	

f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	28	10S	27E	No	

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

'ONPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res

)ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Juvations *(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

EST DATA AND REQUEST FOR ALLOWABLE *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours)*

IL WELL

ate First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method *(pitot, back pr.)*	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CRTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.

Brenda R. Godfrey
(Signature)

Production Analyst
(Title)

01/12/88
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 15 1988, 19

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio