

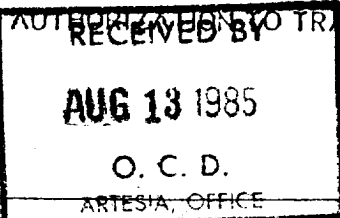
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWAB

AND

TRANSPORT OIL AND NATURAL GAS

Form O-101
Supersedes Old C-104 and C-1
Effective 1-1-65Operator
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 <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"/>

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-20-85
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED
EX # 2-735If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name HANLAD STATE	Well No. 2	Pool Name, Including Formation the Diablo San Andres	Kind of Lease State, Federal or Fee State	Lease No. LG-7425
Location				
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West
Line of Section 27	Township 10S	Range 27E	NMPA,	Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box #159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 E	Sec. 27	Twp. 10S	Pge. 27E	Is gas actually connected? No	When

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 05/23/85	Date Compl. Ready to Prod. 08/05/85	Total Depth 2134'	P.B.T.D. N/A					
Elevations (DF, RKB, RT, GR, etc.) 3854.4' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 2086'	Tubing Depth 2115'					
Perforations 2086 - 2114' (15 holes)			Depth Casing Shoe 2134'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10-3/4"	8-5/8"	517'	300 sx, circ to surf
7-7/8"	5-1/2"	2134'	500 sx, circ to surf
	2 3/8	2115	

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 08/05/85	Date of Test 08/06/85	Producing Method (Flow, pump, gas lift, etc.) Pump	Post IO-2 8-28-85 comp + BK	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls. 78	Water-Bbls. -0-	Gas-MCF 7	90/1

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.Branda K. Witt
(Signature)

Production Analyst

(Title)

08/12/85

(Date)

OIL CONSERVATION COMMISSION

AUG 20 1985

APPROVED _____, 19

Original Signed By
BY _____
Las A. ClementsTITLE _____
Supervisor District II

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 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 condition.