

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	☒
	GAS	☐
OPERATOR		☒
PERORATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 18 '87

Operator
Hanson Operating Company, Inc.Address
P. O. Box 1515, Roswell, New Mexico 88202-1515O. C. D.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Completion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Effective October 1, 1987.

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hanlad State Battery #2	2	Diablo San Andres	State, Federal or Fee State	LG-7425

Location

Unit Letter	E	1980	Feet From The	North	Line and	660	Feet From The	West
Line of Section	27	Township	10-S	Range	27-E	NMPM	Chaves	County

DESIGNATION 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	

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

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'tv.	Diff. Res'tv.
Well Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			9-25-87
			ch. WT: NAC

TEST DATA AND REQUEST FOR ALLOWABLE
ON WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able 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
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

ON WELL

Total Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (flow, lock 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
is true and complete to the best of my knowledge and belief.*Brenda R. Godfrey*
(Signature)

Production Analyst

(Title)

09/17/87

(Date)

OIL CONSERVATION COMMISSION

SEP 24 1987

APPROVED _____, 19

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 deviate
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 casing
well name or number, or transporter or other such change of condition.