

SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		<div>RECEIVED BY</div> <div>SEP 29 1986</div> <div>O. C. D.</div> <div>ARTESIA, OFFICE</div>			
TRANSPORTER					
OIL					
GAS					
OPERATOR					
PRORATION 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		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Change of lease name to show	
Change in Ownership		Casinghead Gas		battery number.	
		Dry Gas			
		Condensate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
HANLAD STATE BATTERY #2		3		Und Diablo San Andres	
Kind of Lease		State, Federal or Fee		State	
Lease No.		IG-7425			
Location					
Unit Letter		2310		Feet From The South Line and 330 Feet From The West	
Line of Section		27		Township 10S Range 27E, 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)	
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. Pgs.	
				Is gas actually connected? When	
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	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				Tubing Depth	
				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
				SACKS CEMENT	
				Post 20-3	
				10-3-86	
				chg use name	
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 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	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MCF	
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.					
OIL CONSERVATION COMMISSION					
SEP 26 1986					
APPROVED					
Original Signed By					
Les A. Clements					
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 available data 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.					

Brenda R. Godfrey

(Signature)

Production Analyst

(Title)

09/26/86

(Date)