DISTRICT II P.O. Drawer DD, Antesia, NM 88210

Revised 1-1-89 See Instructions at Bottom of Page

## **UIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

. > 1992

DISTRICT III

000 Rio Brazos Rd., Ariec, NM 87410	REO	JEST F	OR.	ALLOWAR	BI F AND	AUTHOR	IZATION			57 <sub>2</sub>	
4						ATURAL G					
Operator						Well API No.					
Hanson Operating Company, Inc V						30-005-62341					
<b>Address</b> Post office Box <u>1515,</u> Ro	oewell	New	Mavi	co 8820	2-1515						
Reason(s) for Filing (Check proper box)	OSWEIT	, New I	NEX1	.00 0020		her (Please exp	lain)	<del></del>			
New Well			•	porter of:	_		3	1 1000			
Recompletion	Oil	شتم	Dry		Ŀ	ffective	August	1, 1992			
Change in Operator	Canghe	ed Cas	Conc	Sensate	<del> </del>		<del></del>	<del></del>			
ad address of previous operator											
DESCRIPTION OF WELL AND LEASE											
Lease Name	Well No.	Pool	Name, Includi						mase No.		
Hanlad "A" State #1	1_1	Di	ablo San	Andres			Federal or Fee LG-7426				
Location	1	650	_	5	outh .	. 330			East		
Unit Letter	· :±	030	_ Feat	From The	outh L	ne and 330	F	et From The	Last	Line	
Section 28 Township	10	s	Rang	re 2	27E .1	MPM,	CHaves			County	
						_					
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil											
etro Source Partners Limited					9801 W. Westheimer, Houston, Texas 77042					-	
Name of Authorized Transporter of Casing	head Gas		or D	ry Gas 🗀	Address (G	ive address to w	hick approved	copy of this fe	orm is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Uncit I	<b>S∞c.</b> 28	Twp	: -	Is gas actua No	lly connected?	When	?			
f this production is commingled with that f	rom any ot	her lease or	pool,	give comming	ing order nur	nber:					
V. COMPLETION DATA					) <del></del>	<del>γ</del>	<u> </u>	r = ·		The state of the s	
Designate Type of Completion	(X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready I	o Prod	•	Total Depth	<u> </u>	.J	P.B.T.D.	L		
DE DED DE CO. ALL STREET					Top Oil/Gas Pay			70.4 in 10.44			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth			
Perforations					<del>L</del>		<del> </del>	Depth Casing Shoe			
	· · · · · · · · · · · · · · · · · · ·							<u> </u>			
TUBING, CASING AND					CEMENT	ING RECOR			SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEP IN SET		GAORO CEMENT			
				<del> </del>							
I MERCH DAME AND DECLIES	T FOR	AT LOW	ADI	IC .	<u> L</u>		· · · · · · · · · · · · · · · · · · ·	1		····	
Y. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to a	exceed too all	owable for thi	s depth or be t	or full 24 hour	rz.)	
Date First New Oil Run To Tank	Date of Te		<u> </u>			lethod (Flow, p			,		
								Ta: : 2:	I Charles Sine		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual Floor During Text	Oil - Bois.				- Dom						
GAS WELL	1				<u> </u>					<del>,</del>	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
								Colo Clas			
Testing Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
OT ODED ATOD CEDTIESC	ATE OF	COM	OT TA	NCF	1			<del></del>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above					li	<b></b>					
is true and complete to the best of my knowledge and belief.					Dat	Date Approved					
Xisa X						· · · · · · · · · · · · · · · · · · ·					
Signature					By ORIGINAL SIGNED BY						
Lisa L. Jennings Production Analyst						MIKE WILLIAMS					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

7-1-92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

622-7330

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.