Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

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1000 Rio Brazos Rd., Aziec, NM &	87410	
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1000 KO BIRZOS Ka., Azioc, Italia e 1410	REQ	JEST F	OR AL	TOMVE	BLE AND	AUTHOR	IZATION _C	2 (1.0.		'	
		TO TRA	NSPO	ORT OIL	BLE AND AUTHORIZATION IL AND NATURAL GAS I WEI APING						
Operator	11/ Tm.	. ,/					1	05-623 4	1		
Hanson Operating Compar	iy, Inc	·· //					130-0	03-0234	 		
P.O. Box 1515, Roswell	. New !	Mexico	882	202-151	15						
Reason(s) for Filing (Check proper box)	, 11011	10/1.00				es (Please exp	lain)				
New Well		Change is				CCTIVE.	A	1 1002			
Recompletion	Oil		Dry Ga		EFF	ECTIVE:	August	1, 1993			
Change is Operator	Casinghe	ad Oas	Conden								
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	ANDIE	A CF									
L. DESCRIPTION OF WELL A	Well No. Pool Name, Including			ng Formation Kind of			Lease Lease No.				
Hanlad "A" State #1		1	l Diablo San					State, Federal or Fee		26	
Location									•		
Unit LetterI	<u>: 16</u>	50	. Foot Fr	oon The So	outh ii	e and <u>330</u>	Fe	ct From The.	<u>East</u>	Line	
20	100		_	275		. cm. t	Ch-	ives		Courter	
Section 28 Township	102		Range	<u> 27E</u>	N	мрм,	<u> Ulic</u>	ives		County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	רצח	or Conde		\Box	Address (Gir	e address to w	hich approved	copy of this f	orm is to be se	N)	
Scurlock Permian Corpo		····				x 4648,					
Name of Authorized Transporter of Casing	head Gas		or Dry	Cert [Address (Gi	ne address to m	hich approved	copy of this f	orm is to be se	mi)	
	1 12 2	l e	17	Rge	le me activit	y connected?	When	,			
If well produces oil or liquids, give location of tanks.	J Urait 1 T	S∞ c. 28	10S		NO	<u>-</u>	"	•			
If this production is commingled with that f	TOTE REV OU										
IV. COMPLETION DATA		, ,	, , , ,								
		Oil Well		les Well	New Well	Workover	Decpen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_Ĺ	L_		<u></u>	<u> </u>	1	Ļ	<u> </u>	1	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth			P.B.T.D.		•	
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth				
Perforations	<u> </u>				<u> </u>				Depth Casing Shoe		
Penciabons											
	 ,	TUBING.	CASI	NG AND	CEMENTI	NG RECO	RD.				
HOLE SIZE		SING & TI			DEPTH SET			SACKS CEM	ENT		
							····	ļ			
	l				ļ. ——			 	 		
S. MEGG DATA AND DEOLIE	TEOD	ALLOW	ARIE		<u> </u>			<u> </u>		······································	
V. TEST DATA AND REQUES OIL WELL (Test must be after re	I FUK	ALLUII atal valume	ndice of load o	oil and must	be equal to o	exceed top al	lowable for thi	s depth or be	for full 24 hou	7S.)	
Date First New Oil Rus To Tank	Date of To		3,		Producing M	ethod (Flow, p	nemp, gas lift, e	uc.)	`		
								T	``		
Length of Test	Tubing Pr	आपर			Casing Press	ure		Choke Size			
					Water - Bbla			Gas- MCF	 		
Actual Prod. During Test	Oil - Bbls	-			At Mel - Boll	•					
	L				.1			J			
GAS WELL	11 0000 00	Ter			IBble Conde	nsate/MIMCF		Gravity of (Condensate		
Actual Prod. Test - MCF/D	Length of	154									
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shu	t·m)		Casing Press	ure (Shut-in)		Choke Size			
Frank Hanne Change and by A	1	•						<u> </u>			
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIAN	NCE][011 001	NOCO!	ATION	חוייייים		
I 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			111 9 A 1007								
is true and complete to the best of my knowledge and belief.			Date	Date Approved JUL 2 0 1993							
Patricia a. McX	y										
Signature	-cer				By_	ADIA	INAL SIGI	ישו מבו			
Patricia A. McGraw	Proc	duction		lyst			WILLIAM				
Printed Name	/ = 0 = 1	1600 70	Title		Title		ERVISOR,		- 11		
July 14,1993 Date Fax 50')622-73	ephone N	1 0.			-,				

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.