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Appropriate District Office
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State of New Mexico En , Minerals and Natural Resources Departme

RECE

Form C-104

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 87504-2088

AUG 1

IVRD	See Instructions of Page
7 '90	*0

000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION (%, C (5), TO TRANSPORT OIL AND NATURAL GAS ARRESTA, OFFICE												
Operator									Well API No. 30-005-62374				
Hanson Operating Company, Inc.							30-003-02374						
P. O. Box 1515, Roswel	1, New	Mexic	882	202-1	515		(D)	aim)					
Reason(s) for Filing (Check proper box) New Well		Change in	Transp	oner of:			et (Please expl	ain)					
Recompletion	Oil		Dry G	4.5		Effect	ive Sept	ember 1,	, 1990				
Change in Operator	Casinghead	Gas	Conde	nmie	<u> </u>		 						
f change of operator give name nd address of previous operator													
I. DESCRIPTION OF WELL A	AND LEA							~~					
Lesse Name Hanlad StateBatt #1	Well No. Pool Name, including 4 Diablo Sai				1			of Lease Paral of the Par	Lease No. LG-7425				
Location	1 13-7425												
Unit LetterD	:66	52	_ Feat F	rom Th	No:	rth Lin	589	· Fe	et From The	West	Line		
Section 27 Township	10S		Range	. 2	7E	N	мрм, Сh	aves			County		
Section 27 Township	100		Kange	: <u> </u>	711	, 10	viring Ca	aves_			COUNTY		
II. DESIGNATION OF TRANS	SPORTE			ND NA	TUI	RAL GAS		hick armous	come of this f	re is to be s	1		
							Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001						
ame of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											ent)		
N/A	Unit	Sec.	Twp		Roe.	ls gas actuall	v connected?	When	7				
If well produces oil or liquids, give location of tanks.	D D	27	105		7E	No							
this production is comminged with that for COMPLETION DATA	rom any c'h	er leere er	$\Gamma \hookrightarrow \Gamma'$	الماريخ جائز		ನ್ನೂ ಅಪರ್ಕ ಗಳನಾ) 						
		Oil Well		G2s We	:11	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -		<u></u>				Total Depth	<u></u>	1	DDTD				
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depui			P.B.T.D.		-		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing F	omstio	<u>n</u>		Top Oil/Gas	Pay		Tubing Dept	Tubing Depth			
Perforations					<u> </u>	Depth Casing Shoe							
										- · · · · · · · · · · · · · · · · · · ·			
1015.0175	TUBING, CASING AND C				CEMENTI	NG RECOR		SACKS CEMENT					
HOLE SIZE	CASING & TUBING SIZE					DET THOSE		Post FD-3					
									8-31-50				
									1	ng Wil	=2)7		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE			<u> </u>							
OIL WELL (Test must be after re			of load	oil and	musi		exceed top all ethod (Flow, p			for full 24 hou	<i>σs.</i>)		
Date First New Oil Run To Tank	Date of 1et	Date of Test				1 roomering 111	22.00 (7.1077, p			i,			
Length of Test	Tubing Pressure				Casing Press	ne su		Choke Size					
Actual Prod. During Test	Oil - Bbls.	Oil Phie				Water - Bbls.			Gas- MCF				
Actual Floor During Took	On Boil								1				
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condenmte/MMCF			Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
	<u></u>					ļ		•					
VI. OPERATOR CERTIFICA	ATE OF	COM	PLIA	NCE		(NSERV	ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above													
is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 2 4 1990								
\mathcal{A}_{i}	10	,					<u> </u>	MOINE ~	IONES ST				
Signature Signature					By_	By ORNGINAL SIGNED BY MIKE WILLIAMS							
Lisa L. Jennings Production Analyst Bridge Name Table					Title SUFERVISOR, DISTRICT IT								
8/16/90	50	05-622				ll ine			****				
Date	and the second second	Tel	ephone	NO.				e san e e e	and the company of		tal na∏inger		

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.