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

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

## **GIL CONSERVATION DIVISION**

Energy, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY 15'90

| Operator   |   | 10 110   | A1101 ·          | 0111 010                               | - / 11 10 11/1                          | 101012 07        | Well A         | IPI No.           | Ų,                                    | 7 6 80                                  |
|--|---|--|------------------|--|---|------------------|----------------|-------------------|---------------------------------------|---|
| Hanson Operating Com   | pany,   | Inc  |                  |  |   |                  | 30-0           | 05-62475          | ALL                                   | SEAL CONTE                              |
| Address  |   |  |                  |  |   |                  |                |                   | · · · · · · · · · · · · · · · · · · · |   |
| P. O. Box 1515, Rosw   | ell. N  | ew Mex   | ico              | 88202-1                                | 1515                                    |                  |                |                   |                                       |   |
| Reason(s) for Filing (Check proper box)  |   |  |                  |  |   | et (Please expla | in)            |                   |                                       |   |
| New Well   |   | Change is  | n Transpo        | orter of:                              |   |                  |                |                   |                                       |   |
| Recompletion   | Oil   | X  | Dry G            | <b>.</b> $\Box$                        | Efi                                     | fective M        | May 1, 1       | 990               |                                       |   |
| Change in Operator   | Caringher                                     | ad Gas   | Conde            | nate 🗌                                 |   |                  |                |                   |                                       |   |
| I change of operator give name   | ·   |  |                  |  |   |                  |                |                   |                                       |   |
| and address of previous operator   |   |  |                  |  | ., <del></del>                          |                  |                |                   |                                       | <del></del>                             |
| IL DESCRIPTION OF WELL.  | AND LE  | ASE  |                  |  |   |                  |                |                   |                                       |   |
| Lease Name   | Well No. Pool Name, Includ                    |  | ing Formation Ki |  |   | of Lease         |                | ease No.          |                                       |   |
| Hanlad State Batt #1   |   | #5   | Di               | ablo_Sa                                | an Andres                               | 5                | Statex         | Feetera Craw Feek | LG 74                                 | 25                                      |
| Location   |   |  |                  |  |   |                  |                |                   | . –                                   |   |
| Unit Letter C  | : 6   | 10   | _ Feet Fr        | rom The No                             | orth Lin                                | and 1650         | Fo             | et From The       | West                                  | Line                                    |
|  |   |  |                  |  |   |                  |                |                   |                                       |   |
| Section 27 Township  | , 10-9  | <u> </u>   | Range            | 27 <b>-</b> I                          | E                                       | MPM, C           | haves          |                   |                                       | County                                  |
|  |   |  |                  |  |   |                  |                |                   |                                       |   |
| III. DESIGNATION OF TRAN   | SPORTE  |  |                  | D NATU                                 |   |                  | .,             | 4415.4            | . /                                   | 2)                                      |
| Name of Authorized Transporter of Oil  | $\square$                                     | or Conde   | nesie            |  |   | e address to wh  | ••             | •••               |                                       | -                                       |
| Enron  |   |  |                  | <del></del>                            |   | ox 1188.         |                |                   |                                       |   |
| Name of Authorized Transporter of Casing   | mead Gas                                      |  | or Dry           | Ces []                                 | Address (Giv                            | e address to wh  | ich approved   | copy of this for  | m is 10 De se<br>                     | <i>nu)</i>                              |
| N/A  | 1   | 16   | 17.              | <del></del>                            | 10.000000000000000000000000000000000000 |                  | 1 772          | <u> </u>          | · · · · · · · · · · · · · · · · · · · |   |
| If well produces oil or liquids,<br>give location of tanks.  | Unit  | Sec.   | Twp.             | Rge.                                   | 1                                       | y connected?     | When           | 7                 | 1                                     |   |
|  | D   | <u> </u>   | 105              |  | No                                      | <u> </u>         |                |                   | <del></del>                           |   |
| If this production is commingled with that i   | rom any ou                                    | per lease of   | r poot, gr       | ve comming                             | ing order min                           | жат.<br>         |                |                   |                                       |   |
| IV. COMPLETION DATA  | <del></del>                                   | Oil We   | 1 1              | Gas Well                               | New Well                                | Workover         |                | Piug Back S       | ame Decky                             | Diff Res'v                              |
| Designate Type of Completion   | - (X)   | ION ME   | . 1              | Cas well                               | I New Well                              | M OLYOVEL        | Deepen         | i Ling Back is    | STILLE KES A                          | Dill Ket V                              |
| Date Spudded   |   | pi. Ready i  | lo Prod.         | <del></del>                            | Total Depth                             | L                | L              | P.B.T.D.          |                                       | .1                                      |
| Date Spanier   | <b></b>                                       | <b>p</b>   |                  |  |   |                  |                | 1.2.12.           |                                       |   |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of I                                     | Producing I  | ormation         | 1                                      | Top Oil/Gas                             | Pay              |                | Tubing Depth      |                                       |   |
| Elevations (D) ; rets, it 1 on, eas,   |   |  |                  |  |   |                  |                |                   |                                       |   |
| Perforations   | <u> </u>                                      |  |                  |  | <u></u>                                 |                  |                | Depth Casing      | Shoe                                  |   |
|  |   |  |                  |  |   |                  |                |                   |                                       |   |
|  | <del></del>                                   | TUBING   | . CASI           | NG AND                                 | CEMENTI                                 | NG RECOR         | D              | ··                |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| HOLE SIZE  | CASING & TUBING SIZE                          |  |                  | DEPTH SET                              |   |                  | SA             | SACKS CEMENT      |                                       |   |
|  |   |  |                  |  |   |                  |                |                   |                                       |   |
|  |   |  |                  |  |   |                  |                |                   |                                       |   |
|  | 1   |  |                  |  |   |                  |                |                   |                                       |   |
|  |   |  |                  |  |   |                  |                |                   | _                                     |   |
| V. TEST DATA AND REQUES  | T FOR   | ALLOW  | ABLE             |  | · · <del>-</del>                        |                  |                |                   |                                       |   |
| OIL WELL (Test must be after re  | ecovery of L                                  | otal volum   | e of load        | oil and must                           | be equal to or                          | exceed top allo  | wable for this | depth or be for   | r full 24 hou                         | 73.)                                    |
| Date First New Oil Run To Tank   | Producing Method (Flow, pump, gas lift, etc.) |  |                  |  |   |                  |                |                   |                                       |   |
|  |   |  |                  |  |   |                  |                | Choke Size        | P05                                   | FED-I                                   |
| Length of Tes  | Tubing Pr                                     | Tubing Pressure  |                  |  |   | Casing Pressure  |                |                   | 5                                     | tED-I<br>15-90<br>LT. PL                |
|  | <u> </u>                                      |  |                  |  | ļ <u> </u>                              | ,                |                | Con March         |                                       |   |
| Actual Prod. During Test   | Oil - Bbls.                                   | -  |                  |  | Water - Bbls.                           |                  |                | Gas- MCF          | Cha                                   | 47.P4                                   |
|  |   |  |                  |  | <u></u>                                 |                  |                | <u></u>           |                                       |   |
| GAS WELL   |   |  |                  |  |   |                  |                |                   |                                       |   |
| Actual Prod. Test - MCF/D  | Length of                                     | Test   |                  |  | Bbls. Conder                            | sate/MMCF        |                | Gravity of Co     | ndensate                              |   |
|  |   |  |                  |  |   |                  |                |                   |                                       |   |
| Testing Method (pitot, back pr.)   | Tubing Pr                                     | ressure (Shi   | ut-in)           |  | Casing Press                            | ire (Shut-in)    |                | Choke Size        |                                       |   |
|  |   |  |                  |  |   |                  |                |                   |                                       |   |
| VI. OPERATOR CERTIFIC  | ATF ()  | FCOM   | PLIA             | NCE                                    |   |                  |                |                   |                                       | -                                       |
| 1. Philosope mercan have seen a source since regular   |   |  |                  |  | II (                                    | DIL COM          | CCDIV          | VIIUNI            | <b>WISIC</b>                          | <b>W</b> .                              |
| - I Hotele merchan ment the south district CREE  | that the info                                 | annation gi  | ved abov         | ************************************** | 11                                      |                  |                |                   |                                       |   |
| Division have been complied with and   |   | and ballaf   |                  |  | II Date                                 | Annrovo          | d MA           | y 2 5 19          | 90                                    |   |
| Division have been complied with and is true and complete to the best of my.   | mowledge a                                    | mu bener.  |                  |  | 11 11:277                               |                  |                |                   |                                       |   |
| Division have been complied with and   | mowledge a                                    | una bella.   |                  |  | Date                                    | Approve          |                |                   |                                       |   |
| Division have been complied with and   | mowledge a                                    | no beller.   |                  |  | 1                                       |                  |                |                   |                                       |   |
| Division have been complied with and is true and complete to the best of my l  | mowledge a                                    | ~~5  |                  |  | By_                                     | OE               | NGINAL S       | SIGNED BY         |                                       |   |
| Division have been complied with and is true and complete to the best of my life and complete to the best of my life.  Signature  Lisa L. Jennings | mowledge a                                    | ر میں مصلمان<br>مسیری کا<br>مسیری کا مسیری میں مسیری میں مسیری کا مسیری کے انتہام کا مسیری کے انتہام کی مسیری کے انتہام کی مسیری |                  |  | By_                                     | OF<br>Mi         | MGINAL S       | SIGNED BY         | (                                     |   |
| Division have been complied with and is true and complete to the best of my life is true.  Signature  Lisa L. Jennings  Printed Name               | Prox  | محرے ک<br>ductio   | Title            | lyst.                                  | 1                                       | OF<br>Mi         | MGINAL S       | SIGNED BY         | (                                     |   |
| Division have been complied with and is true and complete to the best of my life and complete to the best of my life.  Signature  Lisa L. Jennings | Prox  | ر<br>مرح<br>طuctio<br>-622-7   | Title            |  | By_                                     | OF<br>Mi         | MGINAL S       | SIGNED BY         | (                                     |   |

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.