ubmit 5 Copies Appropriate District Office DISTRICT 1	E	Energy, Minerals and Natural Resources Departm							See Inst	1-1-89 (14) ructions	
P.O. Box 1980, Hobbs, NM \$8240	SERVATION DIVISION				(Lusivel)		m of Page				
DISTRICT II P.O. Drawer DD, Artenia, NM \$8210	D, Artesia, NM 85210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088							11 + 19 19	93	Q1	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 L	REQU	EST FC			BLE AND	AUTHORI		0. (. ).	地主		
Operator							Well .	Well API No. 30-005-62475			
Hanson Operating Company, Inc. 🗸							1 30-0	505-0247	<u></u>		
P.O. BOX 1515, ROSWell Reason(s) for Filing (Check proper box)	, New M	exico	88	202-15		er (Please expl	zin)				
New Well  Recompletion  Change in Operator	Oil Casingbead		Dry Ge	<b>.</b> 🗌	-	IVE: Au		1993			
If change of operator give name and address of previous operator					<u> </u>						
L DESCRIPTION OF WELL AND LEASE case Name Hanlad State Battery #1 5 Diablo San A						-				Lease No. LG-7425	
Location C	. 61	n	F F.	- The N	orth 1:	165	О Б	et From The	West	Line	
								Chause			
Section 27 Townshi	<u>p 105</u>		Range	<u>27E</u>	<u>, N</u>	MP <b>M</b> ,		110 483		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		D NATU	RAL GAS	e oddress 10 wi	hick approved	l copy of this f	orm is to be se	<del>7</del> 1)	
Scurlock Permian Corpo	ration_			<b>لا</b>	P.O. Bo	x 4648.	Houston	Texas	77210-	4648	
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gu 🔲	Address (Giv	e address to wh	hich approved	l copy of this f	orm is to be si	nt)	
If well produces oil or liquids, give location of tanks.	1 1	Unit Sec. Twp. Rge. Is gr D 27 105 27E				a gas actually connected? When ?					
If this production is commingled with that	A					ber:	 	······································			
IV. COMPLETION DATA		Oil Well	<u> </u>	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		j	i		i	l	<u> </u>	ļ	İ	i	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	TUBING, CASING AND C							SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					<u> </u>			1			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	LLOW A	ABLE	oil and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	<b>T</b> S.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		.,		Producing M	ethod (Flow, pi	emp, gas lift,	esc.)			
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bble.				- Water - Bbls.			Gaa- MCF			
					<u> </u>				······································		
GAS WELL Actual Frod. Test - MCF/D	Leagth of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Sbut-m)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE	1						
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.					OIL CONSERVATION DIVISION JUL 2 0 1993 Date Approved						
Patricia a. Mc X											
Signature Patricia A. McGraw Production Analyst						ByORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name         Title           July 14, 1993         (505)622-7330           Date         Telephone No.					Title	<u>SUPE</u>	RVISOR,	DISTRICT	<u>    II                               </u>		
these sectors and the sector of the sector o	_				1						

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.