.S.		
D OFFICE		
NSPORTER	OIL	✓
	GAS	
RATOR		✓
RATION OFFICE		

AND

AU ORIZATION TO TRANSPORT OIL A NATURAL GAS

AMENDED REPORT TO SHOW CORRECT MCFs OF GAS

RECEIVED

NOV 10 '87

O. C. D.
ARTESIA, OFFICE

or
Hanson Operating Company, Inc.

ss
P. O. Box 1515, Roswell, New Mexico 88202-1515

n(s) for filing (Check proper box)

'ell [X]
pletion [ ]
e in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

Ex # 2-7888 until further Notice

ge of ownership give name
dress of previous owner

RIPTION OF WELL AND LEASE

Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hanlad State Battery #2	6	Diablo San Andres	State, Federal or Fee State	LG-7425

on
t Letter E ; 1650 Feet From The North Line and 990 Feet From The West

e of Section 27 Township 10-S Range 27-E NMPM, Chaves County

NATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Permian	P. O. Box 1183, Houston, Texas 77251-1183
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
N/A	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	27	10S	27E	No	

If production is commingled with that from any other lease or pool, give commingling order number:

LETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
	X		X					

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
07/30/87	10/29/87	2140'	2136'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3854' GR	San Andres	2095'	2134'
Perforations			**Depth Casing Shoe**
2095 - 2137' (20 holes)			N/A

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	500'	200 sx Lite, 200 sx Class "C"
8"	5-1/2"	2142'	250 sx Lite, 200 sx 50/50 POZ mix
	Tubing - 2-3/8"	2134'	

DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

ELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
10/29/87	10/31/87	Pump
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	21	0	**12 571/1

ELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

FICATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation sion have been complied with and that the information given e is true and complete to the best of my knowledge and belief.

Brenda K. Godfrey
(Signature)

Production Analyst
(Title)

11/09/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 24 1987, 19

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition