Submit 5 Coyeca
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Astesia, NM \$8210

C__ CONSERVATION DIVISION

Energy, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

MAY 15 '90

Revised 1-1-49 See Instructions

at Bottom of Page

L.		IU IN	TIVO	Un	1 OIL	או שווא	IONALO	Well	API No.		~ n	
Operator Hanson Operating Compa	any, In	ıc							30-	005-62 5 4	OFFICE	
Address P. O. Box 1515, Roswe			0 8	8202	2-151	.5						
Reason(s) for Filing (Check proper box)						Oth	es (Please expli	zin)	-			
New Well		Change is	-	•	of:	ne.	E		1000			
Recompletion	Oil Caringha	ad Gas	Dry	Cas leasate		LI.	fective 1	way 1, -	1330			
Change in Operator	Categor		, сак		<u> </u>				· · · · · · · · · · · · · · · · · · ·			
and address of previous operator									· · · · · · · · · · · · · · · · · · ·			
L DESCRIPTION OF WELL AND LEASE Well No. Pool				ool Name, Including Formation				Kind	Kind of Lease		Lease No.	
Lease Name Hanlad "B" State	•					n Andres			State, Fisherication floor		L-6278	
Location		<u> </u>			-1							
Unit Letter A	_ : <u> 33</u>	30	_ Feat	From T	The No	rth Lin	and <u>330</u>	F	et From The	East	Line	
Section 28 Townshi	in 10-	-S	Ranc	e 27	7-E	. NI	MPM, CI	haves			County	
Section 104 man		FR OF O										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATI						Address (Give address to which approved copy of this form is to be sent)						
Enron						P. O. Box 1188, Houston, Texas 77251-1188 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin N/A	ighead Gas	or D	ry Ges	لــا	Address (UN	e adaress to wi	нися арргочес	proved cupy of this form a to be sent)				
If well produces oil or liquids,			• • • -		is gas actually connected?		Whet	When ?				
give location of tanks.	1 A	28	10		27E							
If this production is commingled with that IV. COMPLETION DATA	from any or	Der lease of	poor,	give cu	namağı	ing order main						
		Oil Wel	1	Gas V	Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		ــــــــــــــــــــــــــــــــــــــ	_1			Total Depth	<u> </u>	1	1	<u> </u>	<u></u>	
Date Spudded	Date Compl. Ready to Prod.					Torn Debru			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
						1			Depth Casing Shoe			
Perforations										- 6		
		TUBING	, CAS	SING	AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				<u> </u>	DEPTH SET			SACKS CEMENT			
	`								-		 	
	 											
	†											
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E					in damek an ba	San 6.11 24 have	1	
OIL WELL (Test must be after			of loa	d oil ar	nd must		exceed top alle ethod (Flow, pr			jor juli 24 nou	73.)	
Tale First New Oil Run To Tank Date of Test												
Length of Tes	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size 5-25-90			
						Water - Bbls			Gas- MCF	Chat	T:PE	
Actual Prod. During Test	Oil - Bbli	Oil - Bbls.				Water - Both						
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
Toring Mathed (miles back)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	I mink t tessure (amerin)											
VL OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCI	E		JIL COV	ICED!	MTION,	DIVISIO	[40	
Division have once anapprox with and	wat the infe	ormation giv	ven ab	ove					9 5	40.00		
is true and complete to the best of my	knowledge	and belief.				Date	Approve	d M	AY 2 5	1890	<u></u>	
7. 4/	1.	•										
Simon Simons						By ORIGINAL SIGNED BY						
Signature Lisa L. Jennings Production Analyst Tale						MIKE WILLIAMS SUPERVISOR, DISTRICT IT						
Printed Name 05/14/90		-622-73	Title 30	;		Title	- SUF EI		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Date		Tel	lephon	No.		11						

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.