Submst 3 Cupies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instruction

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

OLL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

RECEIVED

MAY 15 '90

L .	1	TO TRA	NSF	POF	RT OIL	AND NAT	TURAL (<u>GAS</u>	<u> </u>				
Operator										30-005-625733 PATCE			
Hanson Operating Compa:	ny, Inc	<u> </u>								30-	AN	COIA; OFFICE	
P. O. Box 1515, Roswel	1, New	Mexic	<u>8</u>	820	2-151	.5					<u></u>		
Reason(s) for Filing (Check proper box)		O :-	· Т		£	Othe	t (Please es	rplain.)				
New Well	Oil	Change in	Dry (-	r ox:	Eff	ective	Ma	y 1, 1	.990			
Recompletion U													
f change of operator give name													
and address of previous operator		OF			-								
IL DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Including					ng Formation Ki			Kind	ind of Lease No.			
Hanlad "A" State Batt	#2 Diablo San				1.5			State,	Sinte, Following Box LG-7426				
Location							_				,		
Unit Letter H	: 2310)	Feet	From	The $\frac{Nc}{N}$	orth Line	and3	30.	Fe	et From The	East	Line	
Section 28 Township	, 10-S		Rang	æ	27-E	, NA	ирм, С	hav	es			County	
III. DESIGNATION OF TRAN				ND	NATU	RAL GAS	e address to	whic	h approved	come of this f	orm is to be s	ent)	
Name of Authorized Transporter of Oil	orized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188							
Enron Name of Authorized Transporter of Casing	thead Gas		or D	ry Ga	us 🗀	Address (Give	e address to	whic	h approved	copy of this f	orm is to be s	ent)	
N/A			<u> </u>						2				
If well produces oil or liquids, give location of tanks.	Unit	Sec. 28	Twp.		Rge. 27E	is gas actually connected?			j when	When?			
If this production is commingled with that i	1 - 1						xer:						
IV. COMPLETION DATA											· :		
Designate Type of Completion	- m	Oil Well		Gas	Well	New Well	Workove		Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	pl. Ready to	Prod			Total Depth		L_		P.B.T.D.			
Dat Spaces						T OVCP							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Perforations										Depth Casing Shoe			
T of the minutes										<u> </u>			
	7	UBING,	CAS	SIN	G AND	CEMENTI				T			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
										 			
			A D.T	F		<u> </u>				1			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	LLLOW.	A.B.L.	E doil	and must	be equal to or	exceed top	allow	able for the	is depth or be	for full 24 ho	<i>u</i> 75.)	
Date First New Oil Run To Tank	Date of Te					Producing M	ethod (Flow	, pun	p, gas lift,	etc.)	<u>.</u> ,		
						Carina Pros				Choke Size	post	TD-	
Length of Tes	Tubing Pre	ubing Pressure					Casing Pressure				5 - 2	17.001	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF	6 kg	11.75		
						<u> </u>							
GAS WELL				_						10.		· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of	Test				Bbis. Conder	inie/MMC	F		Gravity of	Condensate		
Land Control Control	Tubing Pressure (Shut-m)					Casing Pressure (Shut-in)				Choke Size			
Testing Method (pitot, back pr.)													
VL OPERATOR CERTIFIC	ATE OF	COM	PLI/	N	Œ)!! ^	781	OL DY	ATION	אסויאוט	ر د د د د د	
the like the training the sales and en-th	lations 🧐 🖟	, Dit Conse	(vatic)	B	ì.			.4150				•	
Division have been complied with and is true and complete to the best of my	that the info	rmation giv	ven ab	ove		Date		· · · ·	ı M	IAY 2 5	1990		
		•				Date	Appro	VEC		.,.,			
XISa X.	Linn	<u> </u>	·			∥ By_	onic	HALA	L SIGN	ED BY			
Signature Lisa L. Jennino	.) fe T	Orthoric	tion	י. ב	nalvet	11	MIK	E WI	LLIAMS	,			
Printed Name Title						Title SUPERVISOR, DISTRICT II							
05/14/90 Date				<u> 330</u>		11	-						
. TRIP		Tel	lephon	e No	•	II							

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.