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Energy, Minerals and Natural Resources Department

RECEIVED

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

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

OLL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410	Rio Brizos Rd., Azlec, NM 87410  REQUEST FOR ALLOWABLE AND AUTHORIZATION  TO TRANSPORT OIL AND NATURAL GAS									MAY 15 '90		
TO TRANSPORT OIL AND NATORAL CAS								Well A	Well API No.			
Hanson Operating Comp	any. In	c.							30-	005-6257	ARRESIA, OF	
Address												
P. O. Box 1515, Roswe		Mexic	8 (	3820	02-151	.5	et (Please expla	uin)				
Reason(s) for Filing (Check proper box)		Change in	Trans	morte	er of:		u (1 seus Espe	,				
New Well  Recompletion	Oil		Dry (	-		Eff	fective M	May 1, 1	990 1			
Change in Operator	Casinghe	ad Gas 🔲	Conc	densa	1e 🗌							
change of operator give name and address of previous operator												
I. DESCRIPTION OF WELL	AND LE	ASE						1 == 1			zase No.	
Hanlad "A" State Batt #1 #3			1		-	ng Formation Andres			of Lease Federal No Ba		LG_7426	
Location			-				220			De-e-t-		
Unit LetterH	: <u> 16</u>	50	. Fect	From	n The	orth Lin	e and <u>330</u>	Fe	et From The	rast	Line	
Section 28 Towns	hip 10-	s	Ran	ge	27-E	, NI	мрм,	Chaves			County	
III DESIGNATION OF TRA	NSPORTI	ER OF O	IL A	ND	NATU	RAL GAS			·			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil						Address (Give address to which approved copy of this form is to be sent)						
Enron						P. O. Box 1188, Houston  Address (Give address to which approved						
Name of Authorized Transporter of Cast N/A	inghead Gas	لــا	or D	ry G	<del></del>	Arrites (Ot)	- cas (1) W					
If well produces oil or liquids,	Unit	Sec.	Twp		_	ls gas actuall	y connected?	When	7			
give location of tanks.	I	28		<u>os</u> J	27E							
If this production is commingled with the IV. COMPLETION DATA	at from any o	ther lease or	pool,	give	comming	ing order mum	ioer.		<del></del>			
IV. COMPLETION DATA		Oil Wel		Gı	s Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completio		_i	نـ_ـ	Ĺ		Test Dies	<u> </u>	<u> </u>	1,22=	1	1	
Date Spudded	Date Con	npl. Ready t	o Proc	4		Total Depth			P.B.T.D.		-	
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations										Depth Casing Shoe		
	<u> </u>			<u> </u>	C 437	CTL) (C) TT	NC DECOR	<u> </u>	<u> </u>			
VO. 5 0175		ASING & T				CEMENTI	NG RECOR		1	SACKS CEM	ENT	
HOLE SIZE	- <del> </del>	ASING & I										
			<del></del>						-			
V. TEST DATA AND REQU	FST FOR	ALLOW	ABI	Æ		<u> </u>			<del></del>			
OIL WELL (Test must be after	r recovery of	iotal volum	of lo	ad o	l and mus	t be equal to o	r exceed top all	lowable for th	is depth or be	for full 24 hou	σs.)	
Date First New Oil Run To Tank	Date of 7					Producing M	lethod (Flow, p	ump, gas lift,	Ate i			
1 A of Total	Tubing F	Process of the last of the las				Casing Press	sure		Choke Size	105T	15-90	
Length of Test	1 doing h	Tubing Pressure								Choke Size 5-25-90  Gas-MCF Chy LT: PL-R		
Actual Prod. During Test Oil - Bbls.						Water - Bbls.			Gas-MCF Org			
GAS WELL			.,			<u></u>						
Actual Prod. Test - MCF/D	Length o	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIF	ICATE C	F COM	PLI	AN	CE		טט ויי	ガシごひア	ATION	Dilinėn —	Jv1	
CONTRACTOR OF THE WAS THE THE THE THE THE TENT	gulations of t	he Oil Cons	CTVALIC	ONL		1	_			•	er pour libraries e	
Division have been complied with a is true and complete to the best of n	na mar me m	and belief.		~~16		Dat	e Approve	ed å	MAY 2 5	1990		
- X		•				Dai	o , thhiom					
/15a/).	Le	1 Mari	<u>کۍ</u>			By_		INAL SIG	NED BY			
Signature Lisa L. Jennin		Produc	tic	on A	Analvs	11	8418/3	TWELLY		-c s6		
Printed Name	- <del>1</del>		Tit	Lie	-	Title	<u> </u>	ERVISOR,	DISTRIC	1 17		
05/14/90		505-62	22-7									

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.