Appropriate District Office DISTRICT_I P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and Natural Resources Department		Form C-104 Revised 1-1-39 See Instructions SecurityED at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088		111N 1 8 1993 c16K
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410			
L. Operator		L AND NATURAL GAS	Well API No.
HANSON OPERATING COM	PANY, INC.		30-015-20589
P.O. Box 1515, Roswell, New Mexico 88202-1515 Reason(s) for Filing (Check proper box) X Other (Please explain)			
New Well Change in Transporter of: Change Name of Well From: Ginsberg Fed. #14 Recompletion Oil Dry Gas Change Name To: Benson Shugart Waterflood Unit #1 Change in Operator Casingbead Gas Condensate EFFECTIVE: June 1, 1993 If change of operator give name EFFECTIVE: June 1, 1993			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name 'Benson Shugart Waterf'	Well No. Pool Name, Includ	ling Formation Ites-SR-Q-GR	Kind of Lease No. State, Foderal or Fee NM-025503
Unit Letter B: 660 Feet From The North Line and Feet From The Line			
Section 26 Township 18S Range 30E , NMPM, Eddy County			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU		pproved copy of this form is to be sent)
Scurlock Permian Corr Name of Authorized Transporter of Casin	Doration	P.O. Box 4648, Hou	ston, Texas 77210-4648 pproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When?
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA			
Designate Type of Completion	Oil Well Gas Well	New Well Workover De	epea Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. 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		1	Depth Casing Shoe
	TUBING, CASING AND		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			6-15-93
			che well mame
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, go	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gal- MCF
GAS WELL			
Actual Frod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VL OPERATOR CERTIFICATE OF COMPLIANCE bereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date Approved JUN 21 1993	
Signature ByBy			
Signature Patricia A. McGraw Printed Name	Production Analyst MIKE WILL		SIGNED BY IAMS
Printed Name Title June 17, 1993 505/622-7330 Date Telephone No.			

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.