

FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR ALLOWABLE AND

REGULATIONS AND ORDINANCES Effective 1-1-65

A. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
JUL 23 1987
 O. G. D.
 INCARTESIA, OFFICE

Operator **Hanson Operating Company**

Address **P. O. Box #1515, Roswell, New Mexico 88202-1515**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Hanlad State Battery #1	Well No. 5	Pool Name, including Formation Diablo San Andres	Kind of Lease State, Federal or Fee State	Lease No. LG-7425
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Location
 Unit Letter **C**, **610** Feet From The **North** Line and **1650** Feet From The **West**

Line of Section **27** Township **10-S** Range **27-E**, **NMP14**, **Chaves** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box #159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit D	Sec. 27	Twp. 10S	Page. 27E	Is gas actually connected? No	When
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If this production is commingled with that from any other lease or pool, give commingling order number _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res ^{ty} . <input type="checkbox"/>	Diff. Res <input type="checkbox"/>
Date Spudded 04/20/87	Date Compl. Ready to Prod. 07/18/87	Total Depth 2134'	P.B.T.D. 2125'					
Productions (DF, RKB, RT, CR, etc.) 3837' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 2072'	Tubing Depth 2118'					
Perforations 2072-2122' (23 shots) - San Andres							Depth Casing Shoe	

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 "C"
8"	5-1/2"	2131'	300 sx Lite, 200 sx 50/50 POZ "A"
	Tubing - 2-3/8"	2118'	

TEST 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)

Date First New Oil Run To Tanks 07/18/87	Date of Test 07/20/87	Producing Method (Flow, pump, gas lift, etc.) Pump	<i>Post TD-2 7-31-87 comp & BK</i>
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls. 46	Water - Bbls. 0	Gas - MCF 18 391/1

Oil Well	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pumps, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Brinda R. Godfrey
 (Signature)
 Production Analyst
 (Title)
 07/22/87
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 30 1987**, 19____
 BY _____ Original Signed By
Let A. Clements
 TITLE _____ Supervisor District II

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 deviate 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.