ubmit 5 Copies Appropriate District Office DISTRICT 1	1	Energy, Minerals and Natural					es Departm	ent	Revised 1-1-59 See Instructions (14) at Bottors of Page			
P.O. Box 1980, Hobbs, NM \$8240		OILC	ON:				DIVI510	N	al Bollots of Pa Release			
DISTRICT II P.O. DIRWER DD, Artesia, NM \$8210		P.O. Bo. Santa Fe, New Me							JUIL 19	1993	op	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 L.	REQU	JEST FO					AUTHORI TURAL G	ZATION	O. C.	and T		
Operator Operator								Well	API No. 005-62323	······		
Hanson Operating Compar	ny, Ind	<u>. /</u>					<u></u>		JU5-0232.	.		
Address P.O. BOX 1515, Roswell Reason(s) for Filing (Check proper box)	, New I	lexico	88	3202	-151		es (Please expl	ain)				
New Well Recompletion Change is Operator	Oil Casinghe	Change in	Dry G	1.0		EFFECT	IVE: Au	gust 1,	1993			
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE								tion Kind of Lease Lease No.				
case Name Hanlad State Battery #2 3 Diablo St									Federal or Fee			
Locations	:23	10	. Feat F	Tom T	be	outh Lin	e and <u>330</u>	F	eet From The _	West	Line	
Section 27 Township	10S Range 27E				, NMPM,			Chaves	Chaves County			
III. DESIGNATION OF TRANS	SPORTE	OF OF O			ATU	Address (Gin	ve address 10 w	hich approve	t copy of this fo	orm is to be se	N)	
Scurlock Permian Corporation						P.O. Box 4648, Houston, Texas 77210-4648						
Name of Authorized Transporter of Casinghead Gas or Dry Gas							Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	Unit	Sec.			-	Is gas actual NO	ly connected?	When	17			
	ive location of tanks. E 27 10S 27E						ber:	I				
IV. COMPLETION DATA												
Designate Type of Completion -	Designate Type of Completion - (X)				Vell	New Well	Workover	Docpen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compi. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Ges Pay			Tubing Dept	Tubing Depth			
erforations						L			Depth Casin	Depth Casing Shoe		
	CEMENTI	NG RECOR		· · · · · · · · · · · · · · · · · · ·								
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET	r		SACKS CEMENT			
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE	2		L					······································	
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of I Date of T		of load	l oil ar	rd must	be equal to o Producing M	r exceed top all lethod (Flow, p	lowable for the	is depth or be j etc.)	for full 24 hou	75.)	
Date First New OII Rus To Tank	Date of 1											
Length of Test	Tubing Pr	abing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbla	- Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL	L					_ l						
Actual Prod. Test - MCF/D	Length of	agth of Test				Bbls. Condensate/MMCF			Gravity of (Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing P	ng Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VL OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I bereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
Patricia G. Mc Law												
Signature Patricia A. McGraw Production Analyst						ByORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title July 14, 1993 (505)622-7330						TitleSUPERVISOR, DISTRICT II						
Dele		Tel	ephone	No.								

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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.

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.