Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

L.

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

IL CONSERVATION DIVISIC.

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well API No.					
Hanson Operating Company, Inc						30-005-62623					
Post office Box 1515, I Reason(s) for Filing (Check proper box)	Roswell	, New	Mexi	ico 882		es (Please expl	-:-1				
New Well		Change in	. Tonne	and an all.		es (ruease expe	auti				
Recompletion	Oil			GAS .	. 5560			1000			
Change in Operator .		nd Cass 🗀		lennte	- EIIE	ctive Au	gust 1,	1992			
If change of operator give name								· ·········			
and address of previous operator							·····	 -		· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL			 	<u> </u>							
Lease Name	Well No.	1	Name, Includ	- I					ZADE		
Hanlad "A" State Batt.	4	<u> </u>	Diablo S	an Andres			State) Federal or Fee Lg-7426				
Unit Letter B	. : 3	30	Peat	Prom The	North 1in	e and1	ร์รก ห	eet From The	Fas	. 1:	
			· ••••	<u> </u>	ex riourine _		tLine				
Section 28 Townshi	10S		Rang	e 27E	, N	MPM,	Chave	5		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil V or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Petro Source Partners I	imited				1				ston, Texas 77042		
Name of Authorized Transporter of Casing	y Gus 🗀	Address (Give address to which approved copy of this form is to be sent)									
N/A If well produces oil or liquids,	Sec. Twp. Rge.			To one actually		When					
give location of tanks.	Unait B	28		S 27E	Is gas actually connected? When			•			
If this production is commingled with that	from any oth	er lease or	pool, g	pive comming	ing order num	ber:					
IV. COMPLETION DATA					\	·		·			
Designate Type of Completion	- 00	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pi. Ready to	Prod		Total Depth	L	L	P.B.T.D.		1	
					'						
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	onnatio	XC.	Top Oil/Gas Pay			Tubing Depth				
Perforations					<u> </u>			Death Casine	Depth Casing Shoe		
									, 3000	,	
	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D	<u>-'</u>			
HOLE SIZE	CAS	SING & TU	JBING	SIZE		DEPTH SET			ACKS CEME	NT	
				 							
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	<u> </u>	l	<u> </u>		_L			
OIL WELL (Test must be after re	covery of to	tal volume	of load	l oil and must	be equal to or	exceed top allo	wable for the	is depth or be fo	or full 24 hour	3.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pre	spire.			Casing Press.	ine		Choke Size			
	100114										
Actual Prod. During Test	rod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
					L			L	-		
GAS WELL	11				150. A :			18 -: :-			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		\!!	1055:	471011			
I hereby certify that the rules and regula					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					1						
is true and complete to the best of my knowledge and belief.						Date ApprovedUL = 1 1322					
X: X()						· · · · · · · · · · · · · · · · · · ·					
Signature					By ORIGINAL SIGNED BY						
Lisa L. Jennings Production Analyst					MIKE WILLIAMS						
Printed Name Title					Title SUPERVISOR, DISTRICT IT						
7-1-92 Date			phone								
area.		100	7***	. 40.	11						

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.