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State of New Mexico  
En., Minerals and Natural Resources Department  
  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
APR 05 '89  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS** O. C. D.  
ARTESIA, OFFICE

**I.**

Operator Hanson Operating Company, Inc. ✓		Well API No. 30-005-62657
Address P. O. Box 1515, Roswell, New Mexico 88202-1515		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Hanlad "B" State	Well No. 3	Pool Name, including Formation Diablo San Andres	Kind of Lease State, <del>Recompletion</del> <input type="checkbox"/>	Lease No. 1-6278
Location Unit Letter <u>A</u> : <u>780</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>10-S</u> Range <u>27-E</u> , NMPM, <u>Chaves</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183				
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)				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 28	Twp. 10S	Rge. 27E	Is gas actually connected? When ? No

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/17/88	Date Compl. Ready to Prod. 03/25/89		Total Depth 2110'		P.B.T.D. 2082'			
Elevations (DF, RKB, RT, GR, etc.) 3835' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2002'		Tubing Depth 2062'			
Perforations 2002,03,04,12,19,28,30,32,34,36,52,54,56,63,64,66' 16 holes .46					Depth Casing Shoe N/A			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		509'		200 sx Lite, 200 sx Prem			
8"	5-1/2"		2110'		175 sx Lite, 150 sx Prem			
	Tubing- 2-3/8"		2062'		Post ID-2 4-28-89 comp & B/R			

**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 03/26/89	Date of Test 03/28/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 50	Water - Bbls. 0	Gas- MCF 42 840/1

**GAS WELL**

Actual Prod. 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

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby 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.

Brenda R. Godfrey  
Signature  
Brenda R. Godfrey Production Analyst  
Printed Name  
04/03/89 Title  
505-622-7330  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved APR 25 1989

By Original Signed By  
Mike Williams

Title \_\_\_\_\_

**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.