## Energy, Minerals and Natural Resources Depresent

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

## DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

JUL 19 1993

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1000 Rio Brazos Rd., Aziec, NM 87410	REQ					AUTHORI TURAL G		C. C. C.	), 1943		
Operator						Well API No. 30-005-62657					
Hanson Operating Compa							130-0	305-0205			
P.O. Box 1515, Roswell	, New	Mexico	8	8202-15		Place on	(ai=)				
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghe	Change in	Dry (		_	ECTIVE:	:	1, 1993			
if change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	ASE							<del></del>		
Lease Name Hanlad "B" State	Well No. Pool Name, Includi 3 Diablo Sar			1 Andres			of Lease Federal or Fee				
Location Unit LetterA	. 78	0	. Foot	From The No	orth_u	se and990	) · Fe	oct From The _	East	Line	
Section 28 Township 10S Range 27E						мрм,	С	naves <b>County</b>			
III. DESIGNATION OF TRAN	SPORT1	ER OF O	IL A	ND NATU	RAL GAS				<del></del>		
Name of Authorized Transporter of Oil Or Condensate					1			copy of this form is to be seru)  Toyas 77210_1618			
Scurlock Permian Corporation  Name of Authorized Transporter of Casinghead Gas					P.O. Box 4648, Houston, Texas 77210-4648  Address (Give address to which approved copy of this form is to be sent)						
	- Par	le car actual	ly connected?	When	, 7						
If well produces oil or liquids, give location of tanks.	Unit 1 A	<b>Sec.</b> 28	10		Is gas actually connected? When						
f this production is commingled with that i	from any ot	her lease or	pool, p	ive comming	ing order sun	ber:		<del></del>		<del></del>	
IV. COMPLETION DATA		Oil Well	Τ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Poody to			Total Depth	1	1	P.B.T.D.			
Date Spudded	Date Con	apl. Ready to	) LIOR					P.B. (1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Ges	Pay		Tubing Dept	Tubing Depth		
Perforations						Depth Casing Shoe					
TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				<u> </u>	DEPTH SET			SACKS CEMENT		
					ļ <u></u>			<del> </del>			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLI	<u> </u>	<u> </u>			<u> </u>	<del></del>	<u></u> j	
OIL WELL (Test must be after re	ecovery of	total volume	of look	i oil and must	be equal to o	exceed top all	lonable for the	is depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T	ca			Producing M	lethod (Flow, p	wy, gas iyi,		Ì		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL					<u> </u>						
Actual Prod. Test - MCF/D	Leagth of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, 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.  Patricia A. Mc Lew					OIL CONSERVATION DIVISION  Date Approved						
Signature Patricia A. McGraw Production Analyst Printed Name Tale					MIKE WILLIAMS  Title SUPERVISOR, DISTRICT II						
July 14, 1993	(505)622-7330				THIO DOLLAR						

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.