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Appropriate District Office  
DISTRICT I  
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P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Geology, Minerals and Natural Resources Department

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

RECEIVED

MAY - 9 '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

I. OPERATOR

Operator Hanson Operating Company, Inc.	ARTESIA UNIT NO. 30-005-62681
Address P. O. Box 1515, Roswell, New Mexico 88202-1515	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 "A" State Battery #1	Well No. 5	Pool Name, Including Formation Diablo San Andres	Kind of Lease State, Federal or Free	Lease No. LG-7426
Location Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Line Section 28 Township 10S Range 27E, NMPM, Chaves 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 I	Sec. 28	Twp. 10S	Rge. 27E	Is gas actually connected? No	When ?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 03/23/89	Date Compl. Ready to Prod. 04/27/89		Total Depth 2100'		P.B.T.D. 2083'			
Elevations (DF, RKB, RT, GR, etc.) 3819' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1992'		Tubing Depth 2072'			
Perforations 1992-2064'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		505'		200 sx Lite, 200 sx Prem.			
8"	5-1/2"		2100'		200 sx Lite, 150 sx "C"			
Tubing- 2-3/8"			2072'					

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 04/27/89	Date of Test 04/29/89	Producing Method (Flow, pump, gas lift, etc.) Pump		Post # D-2 15-19-89	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure		Choke Size camp & BIR	
Actual Prod. During Test	Oil - Bbls. 60	Water - Bbls. 0		Gas- MCF 27 (450/1)	

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  
Printed Name  
05/08/89  
Date  
Production Analyst  
Title  
505-622-7330  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 15 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.