Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

Energy, Minerals and Natural Resources Department

Revised 1-1-89

OLL CONSERVATION DIVISION P.O. Box 2038

Santa Fe, New Mexico 87504-2088

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•		TO TRA	NSF	POR	TOIL	AND	NAT	TURAL (<u>GAS</u>	1 107-11	W Va		15'90	
Opentor Hanson Operating Company, Inc.										Well	30-005-62685			
Address					2 157					_ 		(D. C. D.	
P. O. Box 1515, Roswell eason(s) for Filing (Check proper box)	LI, New	Mexico	8	3820.	2-151	.5 	Othe	r (Please e	rplain)			<u>,4(0)</u>	igua -	
eason(s) for ruing (Check proper tall)		Change in	Trans	porter	of:	_								
ecompletica	Oil		Dry (Efi	fective	e May	7 1, 1	.990			
hange in Operator change of operator give name	Caninghe	ad Gas	Cond	iensate	<u> </u>									
d address of previous operator					·					· 	 		 .	
L DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Includin							ne Formation Kit				nd of Lease No.			
esse Nume Hanlad "A" State Batt						-				State,	State, Fertage In Page 11G-7426			
ocation								_						
Unit LetterG	_ :16	550	Feet	From	The N	orth_	_ Line	and	1650	Fe	et From The	_Fast	Line	
Section 28 Townsh	i p 10–9	3	Rang	ge	27 - E		, N	мрм,	C ha	eves			County	
	CDODT		TT A	NIO E	NI A TITE TI	DAT (245							
II. DESIGNATION OF TRAN	(X)	or Conde		ו שאו	۱ <u>۸۱۷:</u> ۲	Addras	s (Giv	e address 10	which	approved	copy of this f	orm is to be se	ou)	
Enron												77251-1		
Name of Authorized Transporter of Casir N/A	ighead Gas		or D	ry Gas		Addna	u (Giv	e address to	which	approved	copy of this f	orm is to be se	mi)	
f well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually connected?				When	When ?				
ve location of tanks.	l I	28	105		27E				··					
this production is commingled with that V. COMPLETION DATA	from any o	ener lease or	рооц,	give a	Carrenter (A)	ing orcic	4 minns							
	~~	Oil Wel	\Box	Gas	Well	New	Well	Workove	r	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		npl. Ready t	o Prod			Total I	Depth	<u> </u>	L_		P.B.T.D.	L		
ar spann		Date Comp. Ready to 1102												
Devations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top (XII/Gas Pay					Tubing Depth			
Perforations											Depth Casi	Depth Casing Shoe		
								VO 250			ļ			
1101 5 0175	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT			
HOLE SIZE		ASING a T	OBIN	G SIZI										
						 -				·	 			
						 -								
. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E		. —					·	6 6-11-24 have		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of		of loc	ad oil a	and must	Produc	ine M	ethod (Flux	v. puny	o, gas lift,	esc.)	jor juli 24 Rol	<i>as.)</i>	
Date First New Oil Kill 10 18th	Date of 1	I CAL										post	FD ID	
Length of Test	Tubing Pressure					Casing Pressure					Choke Size	· / 5	15-90	
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.					GAS-MCF Mg LT. PE			
William Lion Smire 1	Oil Do	·		<u> </u>		<u> </u>					<u> </u>			
GAS WELL										<u></u>	10 2	<u> </u>		
Actual Prod. Test - MCF/D	Length 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 CERTIFIC					E		(مال حر	UNIC	ここしが	MOLTA	DIVIS	341	
Division have been complied with an	d that the in	formation gi	ven ab	oove								•	•	
is true and complete to the best of m	knowledge	and belief.					Date	e Appro	oved	M	AY 2 5	1990		
	1/10													
Signature	- > ~	<u> </u>	2	7 7	1		By_			<u>L SIGA</u> LLJA#/S	<u>ied by _</u> S			
Lisa L. Jenning	s P	roducti	On Tal		ıyst		Title	CHE			DISTRICT	17	•	
05/14/90	5	05-622-					וווכ	·						
Date		Te	sebuor	ne No.									· ·	

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.

