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

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P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department.

## OIL CONSERVATION DIVISION

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

RECEIVED

NOV 2 - '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 Hanson Operating Company, Inc. ✓	Well API No. 30-005-62700
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 "A" State Battery #1	Well No. 10	Pool Name, Including Formation Diablo San Andres	Kind of Lease State, Federal or Other	Lease No. LG-7426
Location Unit Letter G : 1650 Feet From The North Line and 2310 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 05/17/89	Date Compl. Ready to Prod. 09/24/89		Total Depth 2074'		P.B.T.D. 2070'			
Elevations (DF, RKB, RT, GR, etc.) 3811' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1981'		Tubing Depth 2030'			
Perforations 1981 - 2050' San Andres					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		520'		200 sx Lite, 200 sx "C"			
8"	5-1/2"		2074'		200 sx Lite, 100 sx "C"			
	Tubing- 2-3/8"		2030'		Part ID-2 11-12-89 Comp 9 1314			

### 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 09/25/89	Date of Test 09/28/89	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. 36	Water - Bbls. 0	Gas- MCF 28 778/1

### 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  
11/01/89  
Date  
Production Analyst  
Title  
505-622-7330  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved NOV 2 3 1989

By

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.