Submit 5 Copies
Appropriate District Office
DISTRICT J
P.(), BOX 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

Energy, Minerals and Natural Resources Department

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

## **JIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410		Viiini		0/100						
			ALLOWAE							
I.		O TRANS	SPORT OIL	AND NA	TURAL GA	<u> </u>	· WYY			
Operator Hanson Operating Company, Inc $$						Well API No. 30-005-62700				
Aldress Post office Box 1515, R	oswell,	New Mex	ico 8820	2-1515		····				
Reason(s) for Filing (Check proper box)			···	Oth	es (Please expla	Ús)	· · · · · · · · · · · · · · · · · · ·			
New Well		Change in Tra		_						
Recompletion  Change in Operator	Oil Caringhese	⊠ Dr; IGas ∏ Co	y Gas	I	Effective	August	1, 199	2		
If change of operator give name and address of previous operator	<del></del>								<del></del>	
IL DESCRIPTION OF WELL	AND LEA	SE								
Lease Name Hanlad "A" State Batt #1  Well No. Pool Name, Includin Diablo San					- I _			of Lesse Lesse No. Federal or Fee LG-7426		
Location	L							<del></del>		
Unit LetterG	:16	50 Pe	et From The	lorth Lin	e and23	<u>10</u> F	et From The	East	Line	
Section 28 Township 10S Range 27E NMPM, Chaves County										
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU				· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)  Petro Source Partners Limited 9801 W. Westheimer, Houston, Texas 77042										
Nume of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this				·	
N/A  If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?										
give location of tanks.	I	28 10	• •	No			·			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or pool	, give commingl	ing order numl	ber:		<del> </del>	<del> </del>		
Designate Type of Completion	- (20)	Oil Well	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Ditte Spudded Date Compil. Ready to Prod.				Total Depth			P.B.T.D.			
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
				<u> </u>			·			
Perforations				···	·····	·	Depth Casin	g Shoe	`	
	CEMENTING RECORD									
HOLE SIZE	CAS	ING & TUBIN	IG SIZE	DEPTH SET			SACKS CEMENT			
	ļ									
		<del> </del>								
	<del> </del>	<del> </del>					<del>                                     </del>			
V. TEST DATA AND REQUES OIL WELL (Test must be after in				h	erand top allo	unhla for thi	a dawk on had	Con 6.11 24 hour		
Date First New Oil Run To Tank	Date of Tes		da ou ena musi	····	thod (Flow, pu			or juit 24 Role	3.)	
Length of Test	Tubing Pres	SILE .		Casing Pressure			Choke Size			
								Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Niethod (pitot, back pr.)	Tubing Pres	sure (Shut-m)		Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE	<u> </u>	NI 00:	055:	47:0::			
Thereby certify that the rules and regulations of the Oil Conservation.					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and-complete to the best of my knowledge and belief.				D-4-	Date Approved JUL 7 1992					
X: VI	,	c		Date	Approved	ــــــ د	UUL	IJJL		
Signature		<u></u>		Ву_		VAL SIGN			<del></del>	
Lisa L. Jennings Production Analyst					V					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

7-1-92 Date

> 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Production Analyst

Title

Telephone No.

622-7330

- 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.