

**OIL CONSERVATION DIVISION**

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

<b>I. OPERATOR</b> Hanson Operating Company, Inc. ✓		Well API No. 30-005-62736
<b>Address</b> P. O. Box 1515, Roswell, New Mexico 88202-1515		
<b>Reason(s) for Filing (Check proper box)</b> New Well <input type="checkbox"/> <b>Change in Transporter of:</b> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective September 1, 1991		
If change of operator give name and address of previous operator <u>Stevens Operating Corporation, P. O. Box 2203, Roswell, New Mexico 88202-2203</u>		

<b>II. DESCRIPTION OF WELL AND LEASE</b>		Kind of Lease State: <u>XXXXXXXX</u>	Lease No. LG-7426
Lease Name McBride State Com	Well No. 1	Pool Name, including Formation Diablo Fusselman	
<b>Location</b> Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>28</u> Township <u>10S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Chaves</u> County			

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corporation		P.O. Box 4648, Houston, Texas 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company		P.O. Box 1188, Houston, Texas 77251-1188	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 28	Twsp. 10S
		Rge. 27E	Is gas actually connected? <input checked="" type="checkbox"/> When? <u>02/21/90</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

<b>IV. COMPLETION DATA</b>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT <u>Part ID-3</u> <u>9-20-91</u> <u>chj ap</u>					

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b> (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

<b>GAS WELL</b>			
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

<b>VI. OPERATOR CERTIFICATE OF COMPLIANCE</b>	
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.	
Signature <u>Lisa L. Jennings</u>	Production Analyst Title
Printed Name <u>9-6-91</u>	505-622-7330
Date	Telephone No.

<b>OIL CONSERVATION DIVISION</b>	
Date Approved <u>SEP 12 1991</u>	
By <u>ORIGINAL SIGNED BY</u>	MIKE WILLIAMS
Title <u>SUPERVISOR, DISTRICT II</u>	

**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.