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

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

State of New Mexico Energy, Minerals and Natural Resources Depresent

OIL CONSERVATION DIVISION

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

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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	BEOL			LOWAR		AUTHORI	ZATION	A CONTRACTOR OF THE PARTY OF TH), MY	
I	new.	TO TRA	NSP(ORT OIL	AND NA	TURAL G	4S	NY NY		
Operator							Well API No. 30-005-62736			
Hanson Operating Compa	iny, Inc						100 0	00 02700	·	
P.O. Box 1515, Roswell	, New I	Mexico	88	202-15						
Reason(s) for Filing (Check proper box)		O i	T	ara adı		es (Please expl	eux)			
New Well	Oil	Change in	Dry Ga		EFF	ECTIVE:	August	1, 1993		
Recompletion Change in Operator		40m 🗍	Conden	_				·		***************************************
If the nee of contrator give name										
and address of previous operator II. DESCRIPTION OF WELL	AND LE	ASE								·
I man Name	AL ID DE	Well Na			ng Formation			l Lease Federal or Fee	1	use No.
McBride State Com			Dia	blo Fu	<u>sselman</u>		2000		LG-74	20
Location		cco.		- .	North	e and19	80 = -	et From The	West	Line
Unit Letter	_ :	660	, Feet Pr	om 154	101 011 11					
Section 28 Townshi	105 م		Range	27E	, N	MPM,		Chaves		County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Conde	sate		Address (Gi			copy of this for		
Scurlock Permian Corpo	oration				P.O. Bo	ox 4648,	<u>Houston</u>	. Texas copy of this for	<u> 77210-</u>	4648
Name of Authorized Transporter of Casin	ghead Gas	, <u> </u>	or Dry	Ces [Texas		
Transwestern Pipeline If well produces oil or liquids,	Unit	y Sec.	Twp	Rge		y connected?	When			
give location of tanks.	C	28	105	1 27E	YE:	<u> </u>	1 2	-21-90		
If this production is commingled with that	from any ou	per lease or	pool, giv	re comming!	ing order sum	ber:				
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	ame Res'v	Diff Res'v
Designate Type of Completion		<u>i</u>	İ		i	<u>i </u>	<u>i </u>		***	1
Date Spudded	Date Com	pl. Ready u	o Prod.		Total Depth			P.B.T.D.		•
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth					
Devadous (D) (100) (III) 4-11 4-17					<u> </u>			Durch Cosino	D	
Perforations								Depth Casing	2006	
		TUBING.	CASI	NG AND	CEMENT	NG RECOR	D Q			
HOLE SIZE		SING & T			DEPTH SET			SACKS CEMENT		
	'									
										
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE				laumbla far thi	e denth or he fo	e full 24 kour	• 1
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of To		of load	oil and must	Producing M	lethod (Flow, p	ump, gas lift, e	uc.)	,	•./
Date First New Oil Kills to Talk	Date of 1	-							<u> </u>	
Length of Test	Tubing Pr	Tubing Pressure		Casing Pressure			Choke Size			
Total District Total	Oil - Bbls.		Water - Bols			Gu- MCF				
Actual Prod. During Test	Ou - Bois	•						<u></u>		
GAS WELL						· ————				
Actual Prod. Test - MCF/D	Leagh of Test		Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	Choke Size			
Testing Method (pitot, back pr.)	i ubing ri	terme (200	n-ui)							
AL ODED A MUD CED TIEIC	ATE O	F COM	PLIA	NCE		011 001	UCED!	ATION	אואפים	\N1
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 bereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION							
Division have been complied with and is true and complete to the best of my	that the info	ring goldenno	ved abov	e .				UL 201	203	
					Date	e Approve	÷a	<u>ve u u l</u> i		
(Poetrina 1. Mc)	Law				p.,					
Patricia A. McGraw Production Analyst			ORIGINAL SIGNED BY							
	110	440010	Title	,,,,,,	Title		WILLIAM	S DISTRICT	11	
Printed Name										

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.

Telephone No.

- 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.