

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DE, Artesia, NM 88210

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

RECEIVED

NOV 2- '89

API NO. (assigned by OCD on New Wells)
30-105-62729
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-7426
7. Lease Name or Unit Agreement Name Hanlad "A" State Battery #2
8. Well No. 12
9. Pool name or Wildcat <input checked="" type="checkbox"/> Diablo San Andres

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		1b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>			
2. Name of Operator Hanson Operating Company, Inc.		3. Address of Operator P. O. Box 1515, Roswell, New Mexico 88202-1515			
4. Well Location Unit Letter B : 330 Feet From The North Line and 2224 Feet From The East Line		5. Section 28 Township 10S Range 27E NMPM Chaves County			
10. Proposed Depth 2150'		11. Formation San Andres			
12. Rotary or C.T. Cable Tool		13. Elevations (Show whether DF, RT, GR, etc.) 3814' GR			
14. Kind & Status Plug. Bond Statewide		15. Drilling Contractor N/A			
16. Approx. Date Work will start 11/08/89		17. PROPOSED CASING AND CEMENT PROGRAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	500'	150	Circulate
8"	5-1/2"	15#	2150'	450	Circulate

It is proposed to drill the above-mentioned well with cable tools to a depth sufficient to test the San Andres formation. If commercial production is indicated, pipe would be set. The well will be perforated and stimulated as needed.

180 DAYS
5-3-90
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IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Brenda R. Godfrey TITLE Production Analyst DATE 11/01/89
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE NOV 3 1989

CONDITIONS OF APPROVAL, IF ANY: