Appropriate Listing Crime DISTRICT I P.O. Box 1980, Hobbs, NM 88240 riste Duttrict Office

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

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

JIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Hanson Operating Company, Inc / 30-005-62774

Address		·						····				
Post office Box 1515,	Roswell	L. New	Mexico	8820	02-1515							
Reason(s) for Filing (Check proper box)			 		Ou	er (Please expl	ain)		 ,			
New Well		Change i	a Transpor	ter of:			- •					
Recompletion	Oil											
Change in Operator	Casingh	ead Gas 📋	Conden	nale 🗌								
If change of operator give name and address or previous operator										****		
•	4370.1									·		
IL DESCRIPTION OF WELL	ina Farmatian											
Lease Name McBride State Well No. Pool Name, Inc. 2 Diablo F					-			Kind of Lease (State,)Federal or Fee		Lease No. LG-7426		
Location								<u>r </u>				
B		660	P P	No	orth Lin	e and 222	20 -	et From The	East	t Line		
Unit Letter	·		_ rea m	en ibe	LIB	1410 4101			rect From The			
Section 28 Towns	hip 1	LOS	Range		27E ,N	MPM,	СНа	CHaves		County		
III. DESIGNATION OF TRA	NSPORT			NATU						 		
Name of Authorized Transporter of Oil X or Condensate Petro Source Partners Limited					Address (Give address to which approved copy of this form is to be sent) 9801 W. Westheimer, Houston, Texas 77042							
Name of Authorized Transporter of Casi	Address (Give address to which approved copy of this form is to be sent)											
Transwestern Pipeline	-	, 🗀	or Dry C	~ • ()				, Texas 7				
If well produces oil or liquids, Unit Sec. Twp.			Rge				bea?					
give location of tanks.	С				Yes			4-21-91				
If this production is commingled with the	t from any o	ther lease or	pool, give	comming	ling order num	ber:						
IV. COMPLETION DATA					~							
Designate Type of Completion	1 - CO	Oil Wel	ı G	ss Well	New Well	Workover	Deepen	Piug Back S	ame Res'v	Diff Res'v		
Date Spudded		nol Pendy I	O Prod		Total Depth	L	L	I DRTD		<u> </u>		
Date Sproces	Date Con	Date Compl. Ready to Prod.							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
Perforations								Depth Casing Shoe				
								<u> </u>	-			
TUBING, CASING AND												
HOLE SIZE CASING & TUBING S			ZE	DEPTH SET			SACKS CEMENT					
	'							 				
					 			 				
								1				
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	-	*					<u> </u>		
OIL WELL (Test must be after	recovery of	total volume	of load oi	l and must	~				full 24 hour	T.)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
					Casing Pressure			Choke Size				
Length of Test Tubing Pressure					Caring 11cos	H¢.		0				
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF				
Para . Iva Bang .	OH - 1006.											
CACHIELE												
GAS WELL Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
The second second												
esting Method (pitot, back ps.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size				
-												
VI. OPERATOR CERTIFIC	CATE O	F COMF	LIAN	CE		211 001	10501	4710110				
I hereby certify that the rules and regulations of the Oil Conservation					1	JIL CON	ISEHV	ATION D	IVISIC	N		
Division have been complied with and that the information given above								4 0 10	00			
is true and complete to the best of my knowledge and belief.					Date	Approve	<u>ال ا</u>	UL 1 0 19	92			
Kisa J.	•	^										
Signature S					By ORIGINAL SIGNED BY							
Lisa L. Jennings Production Analyst					MIKE WILLIAMS SUPERVISOR, DISTRICT IS							
Printed Name 7-1-92		622-	Title 7330		Title	SUPE	KVISOK,	DISTRICT	I			
Dale Dale			phone No									
					1.6					-		

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.