

Appropriate District Office
DISTRICT I
P.O. Box 1944, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

REVISED 1-1-89

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC 6 '90

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

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hanson Operating Company, Inc.	Well API No. 30-005-62789
Address P. O. Box 1515, Roswell, New Mexico 88202-1515	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanlad State Battery #2	Well No. 9	Pool Name, including Formation Diablo San Andres	Kind of Lease State, Federal & Private	Lease No. LG-7425
Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>10S</u> Range <u>27E</u> , <u>NMPM</u> Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27
	Twp. 10S	Rge. 27E
	Is gas actually connected? No.	
	When ? N/A	
If this production is commingled with that from any other lease or pool, give commingling order number:		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 07/03/90	Date Compl. Ready to Prod. 11/08/90		Total Depth 2130'		P.B.T.D. 2123'			
Elevations (DF, RKB, RT, GR, etc.) 3849.5' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2052'		Tubing Depth 2109'			
Perforations 2052-2104' (20 holes)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		520'		200 sx Lite, 200 sx Premium Plus.			
8"	5-1/2"		2130'		200 sx Lite, 150 sx Premium Plus.			
	Tubing- 2-3/8"		2109'		Premium Plus.			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 11/08/90	Date of Test 11/16/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 1/2	Gas- MCF 20 1111/1

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Brenda R. Godfrey
Signature
Brenda R. Godfrey Production Analyst
Printed Name
12/05/90 Date
505-622-7330 Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 12 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title _____

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.