

Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240		Energy, Minerals and Natural Resources Department		Revised 1-1-89 See Instructions at Bottom of Page					
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		SEP - 9 1991 O. C. D. ARTESIA OFFICE					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410									
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
Operator Hanson Operating Company, Inc.				Well API No. 30-005-62794					
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 type="checkbox"/> Change in Transporter of: 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 Stevens Operating Corporation, P. O. Box 2203, Roswell, New Mexico 88202-2203									
II. DESCRIPTION OF WELL AND LEASE									
Lease Name Hanlad State		Well No. 1-SWD	Pool Name, including Formation Diablo Penn	Kind of Lease State, LEASE	Lease No. L-794				
Location Unit Letter K : 1980 Feet From The South Line and 2310 Feet From The West Line Section 16 Township 10S Range 27E, NMPM, Chaves County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A			Address (Give address to which approved copy of this form is to be sent)						
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	Sec.	Tw. Rge.				
Is gas actually connected?			When?						
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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		
Performations					Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
						Post ID-3			
						9-20-91			
						chy ap			
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		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			
GAS WELL									
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/M/MCF		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.									
Signature Lisa L. Jennings Production Analyst									
Printed Name 9-6-91 Date									
Title 505-622-7330 Telephone No.									
OIL CONSERVATION DIVISION									
Date Approved SEP 13 1991									
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.

ORIGINAL SUBMITTED BY
NAME: WILSON
LIBRARY OF CONGRESS
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