

OIL CONSERVATION DIVISION

RECEIVED

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 31 1991

RICT II  
Drawer DD, Artesia, NM 88210

RICT III  
60 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION, C. D.  
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

Operator Hanson Operating Company, Inc.	Well API No. 30-005-62854
Address Post Office 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 "A" State Batt. #2	Well No. 13	Pool Name, Including Formation Diablo San Andres	Kind of Lease <u>State</u> Federal or Fee	Lease No. LG-7426
Location Unit Letter <u>B</u> : <u>910</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>10S</u> Range <u>27E</u> , NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent) Post Office Box 4648, Houston, Texas 77210-4648					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) N/A					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 28	Twp. 10S	Rge. 27E	Is gas actually connected? NO	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
			X					
Date Spudded 5-8-91	Date Compl. Ready to Prod. 10-9-91		Total Depth 2089'		P.B.T.D. <u>Post ID-2</u> 2085' <u>11-22-91</u>			
Elevations (DF, RKB, RT, GR, etc.) 3821' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1978'		Tubing Depth <u>comp &amp; RK</u> 2072'			
Performances 1978-2066' 26 holes					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8"		492'		200sx Lite, 150sx Prem.			
8"	5 1/2"		2090'		200sx Lite, 175sx Prem.			
	tbg- 2 3/8"		2072'					

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 10-12-91	Date of Test 10-12-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 30	Water - Bbls. <u>20</u>	Gas- MCF <u>20</u>

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.

Lisa L. Jennings  
Signature  
Lisa L. Jennings  
Printed Name  
10-30-91  
Date  
Production Analyst  
Title  
622-7330  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 21 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT #

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.