

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

## OIL CONSERVATION DIVISION

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

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. 30-005-21108
Address Post Office Box 1515, Roswell, New Mexico 88202-1515		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, PLEASE ADVISE THIS OFFICE.

Lease Name Presler Lake	Well No. 2	Pool Name, Including Formation Many Gates San Andres	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>L</u> : <u>1980'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>9S</u> Range <u>30E</u> , <u>NMPM</u> , <u>Chaves</u> 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"/> Scurlock Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. 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)	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>7</u> Twp. <u>9S</u> Rge. <u>10E</u>	Is gas actually connected? <u>No</u> 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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 02-25-92	Date Compl. Ready to Prod. 03-22-92		Total Depth 3301'		P.B.T.D. 3296'			
Elevations (DF, RKB, RT, GR, etc.) 4072' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3234'		Tubing Depth 3266'			
Perforations 3234-3240' 6 holes					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4"		922'		600 Sx Premium Plus			
7"	12-1/4"		3196'		300 Sx Premium Plus			
6-1/8"	4-1/2" Liner		3298'		50 Sx Premium Plus			
	2-3/8"		3266'					

### 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 03-22-92	Date of Test 03-24-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 23	Water - Bbls. 12	Gas - MCF 15 652/1

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 25.0
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 04-01-92 Title  
Date 622-7330 Telephone No.

### OIL CONSERVATION DIVISION

APR 03 1992

Date Approved \_\_\_\_\_  
By Paul Kautz Orig. Signed by  
Geologist  
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.