

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1920, Hobbs, NM 88240

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

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

State of New Mexico
Oil, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JAN 18 1992

O.C.D.
OFFICE OF OIL CONSERVATION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Hanson Energy ✓	Well API No. 3001500446
Address R. 342 S. Haldeman Rd, Artesia, N.M. 88210	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of: Effective December 1, 1992
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator Happy Oil Company Box 770, Artesia, N.M. 88210	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Saunders A	Well No. 9	Pool Name, including Formation Empire Yates SR	Kind of Lease State, Federal or Tex	Lease No. LC048491A
Location Unit Letter H : 2310 Feet From The North Line and 330 Feet From The East Line Section 13 Township 17S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining ☒	or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, N.M. 88210				
Name of Authorized Transporter of Casinghead Gas ☐	or Dry Gas ☐	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 B	Sec. 17S	Typ. 27E	Rge.	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
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		
Perforations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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.)

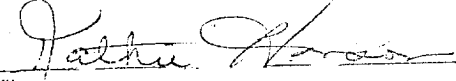
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size posted ID3 1-8-93
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF Edg OP

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.


Signature
Kathie Hanson Secretary
Printed Name
12/10/92 746-2262
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 5 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.