## OIL CONSERVATION DIVIS. N

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P.O. Box 2088

Santa Fe, New Mexico 87504-2088

See Instructions
at Bottom of Page

AUG - 9 1997

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

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

I.	REQ						AUTHORI TURAL G.		A Section	one in the Co		
Operator Hanson energy /									API No. 0 1 5 0 0 4 7 2 0 0			
Address						N.M. 88210						
Reason(s) for Filing (Check proper bax)	reman	Ku.	ALU	esia	, 1		er (Please expl	lain)				
New Well		Change i	n Transpo	orter of:_	_		•	•				
Recompletion	Oil		Dry G	26	]		Effecti	ive 8/	1/93			
Change in Operator X		ad Gas	<del></del>		]							
If change of operator give name and address of previous operator Man	cbob E	nergy	Cor	pora	tio	on, Dr	awer 2	17, Ar	tesia,	N.M. 8	8210	
II. DESCRIPTION OF WELL	AND LE											
Lease Name Berry X		Well No.	Pool N Red	ame, Inch Lk,	uding Q1	g Formation n, Grb	, SA		of Lease , F <u>ederal or</u> Ft	x NMO2	25527-A	
Location	•		1					I,				
Unit LetterF	_ :19	80	_ Feet Fn	om The ]	No:	rth_Line	and	1980 r	eet From The	West	Line	
Section 23 Townshi	p 1.7	'S	Range	2.7	E	, NM	IPM,	Eddy			County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL ANI	D NAT	UR	AL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corp						4001 P	enbrool	k, Ode	ssa, Tx. 79762			
If well produces oil or liquids, give location of tanks.	Unit	Sec. 	Twp.	I KB	je. H	Is gas actually connected? Who			2/23/78			
f this production is commingled with that V. COMPLETION DATA	from any of	her lease or	pool, giv	e commir	nglinį	g order numb	er:					
Designate Type of Completion	- (X)	Oil Well		Sas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		7	otal Depth		4	P.B.T.D.	.1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					- :r	op Oil/Gas P	ay		Tubing Depth			
Perforations						<del> </del>			Depth Casing Shoe			
		TIRING	CASIN	JG ANI	ח מ	FMENTIN	G RECORT	<u> </u>				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE							DEPTH SET		T	SACKS CEMENT		
									Post ID-3			
									8	8-20-93		
					_ _					che op		
. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	.,.	_ _					2/	<u> </u>	
OIL WELL (Test must be after re				il and mu					<del></del>	or full 24 how	s.)	
Date First New Oil Run To Tank	Date of Te	st			Pr	roducing Mell	hod (Flow, pw	np, gas lift, e	etc.)			
ength of Test	Tubing Pressure				C.	asing Pressure	<del></del>		Choke Size			
Actual Prod. During Test	Oil - Bbls.				$- _{\overline{\mathbf{w}}}$	Water - Bbis.			Gas- MCF	Gas- MCF		
					_ _							
GAS WELL Actual Prod. Test - MCF/D Length of Test					B	bls. Condensa	ie/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				- c	Casing Pressure (Shut-in)			Choke Size	Choke Size		
					_ _							
I. OPERATOR CERTIFICS  I hereby certify that the rules and regula  Division have been complied with and the	tions of the	Oil Conserv	ation	CE						OIVISIO	Ν	
is true and complete to the best of my ki	iowiedge an	ia Dellef.				Date /	Approved	1A	OO I I	1333		
Halle He	na			-,		Du						
Signature ( Kathie Hanson Secretary						ВУ	- ORI	GINAL S	IGNED BY	<i></i>		
Printed Name						MIKE WILLIAMS TITIE SUPERVISOR, DISTRICT II						
1/30/93	74	6-226	2	· · · · · · · · · · · · · · · · · · ·		1 IIIO			., ., ., .,	<del>~</del>		

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.