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

Revised 1-1-89 See Instructions at Bottom of Pag MECEIVED

OIL CONSERVATION DIVI

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG - 9 1993

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	TION C. L. D.
Operator Hanson Energy	Well API No. 300150048300
R. 342 S. Haldeman Rd, Artesia, N.M. 88210	333,300,40300
Reason(s) for Filing (Check proper box) Other (Please explain) Sew Well	
Cecompletion Oil Dry Gas Effective 8	3/1/93
Thange in Operator X Casinghead Gas Condensate	

	<u></u>														
R. 342 S. Hald	deman J	Rd, A	rtes	ia, N	I.M. 88	210									
Reason(s) for Filing (Check proper box,			<u></u>		<u> </u>	ier (Please exp	lain)	·							
New Well		Change i	n Transpo	orter of:	_										
Recompletion	Oil	_	Dry Ga		E	ffectiv	e 8/1/	93							
Change in Operator X	Casingho		Conder				·····								
If change of operator give name and address of previous operator			gy C	orpor	ation,	Drawer	217,	Artesi	a, N.M	. 88210					
II. DESCRIPTION OF WELI	L AND LE		T												
Berry X	Well No. Pool Name, Inclu 27 Red Lk,					o, Sa	1	of Lease No., Federal or Fex. NMO 25527-A							
Location							<u>-</u>								
Unit LetterE	:	1650	_ Feet Fro	om The A	lorth Lin	e and9	90 Fe	et From The	-West-	Line					
Section 2.4 Townsh	hip 175	5	Range	27E	וא,	мрм,	Е	ddy		County					
III. DESIGNATION OF TRAI	NSPORTI	TR OF O	II. ANI) NATH	DAL GAS										
Name of Authorized Transporter of Oil		or Conder				e address to wh	ich approved	copy of this j	'orm is 10 be so	eni)					
Name of Authorized Transporter of Casin GPM Gas Corp	me of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Tx. 79762										
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.				17 2/23/78							
If this production is commingled with that	t from any ot	her lease or	pool, give	comming	ing order numb	er:		· · · · · · · · · · · · · · · · · · ·							
IV. COMPLETION DATA		lonw n			1				,						
Designate Type of Completion	ı - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v					
Date Spudded	Date Com	Date Compl. Ready to Prod.			Total Depth		I	P.B.T.D.	I						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth							
erforations							-	Depth Casing Shoe							
									8 5						
					CEMENTIN	IG RECORI)	· · · · · · · · · · · · · · · · · · ·							
HOLE SIZE CASIN			SING & TUBING SIZE			DEPTH SET			SACKS CEMENT						
					8-20-53										
						8-20-93									
								······	7						
V. TEST DATA AND REQUE								<u> </u>							
OIL WELL (Test must be after t			of load oil	and must					or full 24 hour	3.)					
Date First New Oil Run To Tank	Date of Te	Date of Test				Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pre	Tubing Pressure				ė		Choke Size							
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF							
GAS WELL	<u></u>														
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate								
osting Method (pitot, back pr.)	pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size								
I. OPERATOR CERTIFIC	ATE OF	COMP!	LIANO	CE		II. CONI		TION	21) (1C1C	N 1					
I hereby certify that the rules and regula					OIL CONSERVATION DIVISION										
Division have been complied with and it is true/and complete to the best of my k			above		Date Approved AUG 1 1 1993										
401. of	6				Date Approved AUS 1 1 1993										
1 athe Hone	سعع				D										
Signeture Kathie Hanson	<u></u>	Secretary ByORIGINAL SIGNED BY													
Printed Name		Title MIKE WILLIAMS													
H /00 /00	746 2000								6 WINCE THE HAND						

7/30/93

Date

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.

SUPERVISOR, DISTRICT II

2) All sections of this form must be filled out for allowable on new and recompleted wells.

<u> 2262</u>

Telephone No.

- 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.