Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

y, Minerals and Natural Resources Departmen

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised (-1-89 See Instructions at Bottom of Page

I.	HEQ					AUTHOR					
Operator Hanson En	OIL AND NATURAL GAS  WELL APP NS 0051200										
Address	<u> </u>								1200 . <b>⊏</b> IV∂D		
R. 342 S.		n Rd.	. Ar	tesia	a, N.M.	88210		6.10	- 0 100	c.	
Reason(s) for Filing (Check proper New Well	bax)	<b>G</b>			Ot	her (Please exp	lain)	#U5	<del>- 8 199</del>	<del>3</del>	
Recompletion	Oil	p	in Transpo Dry Ga	r	E	ffectiv	e 8/1/	′93 <u>C</u> .	t . D.		
Change in Operator	Casinghe		Conder					· 1974	و والمواقع الدو		
If change of operator give name Mand address of previous operator	larbob En	ergy	Corp	orati	on, Dr	awer 21	7, Art	esia, N	.M.882	10	
II. DESCRIPTION OF WE	ELL AND LE	ASE		-						<del></del>	
Lease Name	ASS INVIDEN	Well No.			ling Formation		Kind	of Lease	T L	ease No.	
Berry A		6	Em	pire	Yates :	SR ————	ХЭССС	, Federal or Fex	NM025	527A	
Location Unit LetterG	: 153	4	Feet Fro	on The	North	e and	1580	Eeet From The	ast	11	
Section 2.4 Tow	vnship 17S		Range			мрм,		Eddy		Line County	
III DECICALTION OF TH	ANCROPER	n on o								County	
III. DESIGNATION OF TR	CANSPORTE	or Conde		) NATU	RAL GAS	e address to wh	ich approve	I can't of this for	m is to be an		
Navajo Crude Oil	. <u> </u>	<u> </u>				Address (Give address to which approved Drawer 159, Artesi			a, N.M. 88210		
Name of Authorized Transporter of C		-			Address (Giv.	e address to wh	ich approved	d copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit G	Unit Sec. Twp. 2			e. Is gas actually connected? Whe			n ?			
If this production is commingled with			pool, give	: comming	ling onter numb	er:			<del></del>		
IV. COMPLETION DATA		\									
Designate Type of Complet	ion - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back   S	ame, Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
		**									
UOLE 0175	TUBING, CASING AN							T			
HOLE SIZE	UAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT  D. +TO =2		
									8-20-93		
								N	here		
V. TEST DATA AND REQU	EST FOR A	LLOWA	RIE						<i>31</i>		
	er recovery of low			and must	be equal to or e	exceed top allow	vable for this	depth or be for	full 24 hours.	}	
Date First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas							
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil Bhis	Oil - Bbls.				Water - Bbls.			Gas- MCF		
Actual Flod. During Test	On - Dois.				WHICH - DUIS.			Oss- Mich			
GAS WELL										~~····	
Actual Prod. Test - MCF/D	Length of Te	ısı			Bbls. Condensa	ne/MMCF		Gravity of Cond	lensate		
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut in)			Choke Size			
VI ODED ATOR CERTES	CATE OF:	701 401	1 4 3 1 0					·			
VI. OPERATOR CERTIF!  I hereby certify that the rules and rep				E	О	IL CONS	SERVA	TION DI	VISION	J	
Division have been complied with a	nd that the inform	ation giver	above					· · · · · · · · · · · · · · · · · · ·	- · - ·		
is true and complete to the best of m	y knowledge and	belief.			Date /	Approved		G 1 1 199	13		
Hatt Hone -						• •	70		,,		
Signifure his Hancon Cogretary					ByORIGINAL SIGNED BY						
Kathie Hanson Secretary Printed Name Title					MIKE WILLIAMS						
7/30/93	746	5-226	2 ·		Title_			DISTRICT	<b>!</b>		
Date		Telepl	one No.	_				*			

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.