DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240				Revised 1-1-69 See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088		 אני_ד!		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	10	Mexico 87504-2088	AUG -	9 1994	
l. Operator	TO TRANSPORT	OIL AND NATURAL GAS	Well APL No.	<u>.</u>	
Hanson Ene	51 0		3001501322	00	
R. 342 S. H. Reason(s) for Filing (Check proper ba	laldeman Rd. Artesi				
New Well	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate] Effe	ective 8/1/93		
ad address of previous operator	larbob Energy Corpor	ation, Drawe 217	, Artesia, N.	<u>M. 88210</u>	
Vandagri	Well No. Pool Name, Inc	luding Formation riff Keyes Qn	Kind of Lease XSCARE, Federal or Fex	Lease No. LC028446A	
		South Line and 146		astu	
			Eddy	County	
and of Autonized Transporter of Oil	NSPORTER OF OIL AND NA'I	URAL GAS Address (Give address to which)	approved copy of this form is	to be sent)	
ame of Authorized Transporter of Casi <u>GPM Gas Cor</u> well produces oil or liquids,	poration	* [X] Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Tx. 79762 Rge. Is gas actually connected?			
e location of tanks.	t from any other lease or pool, give commin	Yes	2/24/	78	
COMPLETION DATA	Oil Well Gas Well	New Well Workover		· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completion ue Spudded	Date Compl. Ready to Prod.	Total Depth	Peepen Plug Back Same	Res'v Diff Res'v	
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
forations			Depth Casing Shoe		
	TUBING, CASING ANI	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE			CEMENT	
			- Post	8-30-93	
		-	chy	r np	
TEST DATA AND REQUE					
e First New Oil Run To Tank	Date of Test	y of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) of Test Producing Method (Flow, pump, gas lift, etc.)			
gth of Test	Tubing Pressure	Casing Pressure	Choke Size		
ual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF		
S WELL			·		
ng Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut in)	Bbls. Condensate/MMCF	Gravity of Condensate		
		Casing Pressure (Shu in)	Choke Size		
OPERATOR CERTIFIC hereby certify that the rules and regula ivision have been complied with and to true and complete to the best of my k	tions of the Oil Conservation hat the information given above	OIL CONSE	RVATION DIVI	SION	
Jatie Ha		Date Approved	AUG 1 1 1993	<u></u>	
Rathie Hanso		ByORIGINA	L SIGNED BY		
rinled Name 7/30/93	Title 746-2262	MIKE WI TitleSUPERV	LIAMS ISOR, DISTRICT II-		
	Telephone No.				

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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.