DISTRICT 1 P.O. Box 1980, Hobbe, NM1 88240			See Instructions
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.C	VATION DIVI. ON D. Box 2088	at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741 I.	⁰ REQUEST FOR ALLOV	Mexico 87504-2088	ION 2.1. D.
Operator Hanson Energy		OIL AND NATURAL GAS	Well API No. 300150161400
Address R. 342 S. Hal	deman Rd., Artesia,	N M 88210	
Reason(s) for Filing (Check proper bax New Well	()	Other (Please explain)	
Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Effecti	ve 8/1/93
If change of operator give name M and address of previous operator	arbob Energy Corpor	ation, Drawer 217,	Artesia, N.M. 88210
II. DESCRIPTION OF WEL			
Lease Name TÉ&K	Well No. Pool Name, Inc 9 Vandag	riff Vouna On	Kind of Lease Lease No. XSUME, Federal or Fex LC061465A
Unit Letter F		Northine and 1820	Feet From TheWestLine
Section 10 Towns	hip 17S Range 28	E <u>, NMPM, Ed</u>	dy County
III. DESIGNATION OF TRA Name of Awhorized Transporter of Oil	NSPORTER OF OIL AND NAT		
Transe of Aunorized Transporter of Oil	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)
Name of Authorized Transporter of Casi GPM Gas Corpor		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, live location of tanks.	Unit Sec. Twp. R		When 7 2/28/78
f this production is commingled with the	It from any other lease or pool, give comm	-	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	
Designate Type of Completion Date Spudded	Date Compl. Ready to Privil.	Total Depth	pen Plug Back Same Res'v Diff Res'v
			P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
rerforations			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTHSET	SACKS CEMENT
	-		Post ID-3 8-20-93
			chi np
. TEST DATA AND REQUE			
DIL WELL (Test must be after) Date First New Oil Run To Tank	recovery of total volume of load oil and mi Date of Test	ust be equal to or exceed top allowable for Producing Method (Flow, pump, gas	
			iyi, eic.)
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil - Duis.	Water - Dbls.	Gas- MCF
GAS WELL			
ctual Prod. Test - MCI7D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut in)	Choke Size
I. OPERATOR CERTIFIC I hereby certify that the rules and regul	ations of the Oil Conservation	OIL CONSEF	RVATION DIVISION
Division have been complied with and is true and complete to the best of my b	knowledge and belief.	Date Approved	AUG 1 1 1993
Jathie 1	yanas	Ву	
Signature Kathie Hanson	secretary		SIGNED BY
Printed Name 7/30/93	746-2262		OR, DISTRICT II
Date	Telephone No.		

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 filled for each pool in multiply completed wells.