† 14E	BTATE OF NEW MEXICO RIGY AND MINERALS DEPARTMENT	~ OIL CONSERVA	ر 	T. N	Form C Revise	;-104 ed 10-1-78
		P. O. DO			RECEIVED	
	РЦ Р / / / / / / / / / / / / / / / / / /				DEC 1 0 1982	
	TRANSPORTER OIL AND			RAL GAS	O. C.	D
1.	PROBATION DZPICE					
	Warren Hanson dba: HANSON ENERGY V					
	Address Rt. 1 Box 60 Artesia, N.H. 88210 Other (Please suplain)					
1	New Well Change in Transporter of:					
	Recompletion Cil Dry Gas Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name Collier Energy Inc. Box 798 Artesia, N.H.					
ìł.	DESCRIPTION OF WELL AND LEASE Leave No. Kind of Leave Leave No.					
				State, Federal	or FFederal	L0065478-B
	Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East					
	Line of Section 3 T. anship 185 Range 27E , NMPM, Eddy County					
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)					
.11.	None of Authorized Transporter of Oil	X or Condensate [] . Pipeline Div.	North Freema	an Ave.	Artesia, N	•M •
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					is to be sent)
	If well produces oil or liquida, give location of tanks.	twell produces oil or liquids, In location of tanks, In location of tanks, In location of tanks, In location of tanks,				
	If this production is commingled with that from any other lease or pool, give commingling order number:					
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Well Workover	Deepen I	Plug Back Same	Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oll/Gas Pay		Tubing Depth	
۲.	Perforations	<u>1</u>	<u>1</u>		Depth Casing Shoe	i
		TUBING, CASING, AND	CEMENTING RECO		SACKS	CEMENT
	HOLE SIZE	CASING & TUBING SIZE				
		DRAIIOWABLE (Test must be a	fier recovery of socal vol	ume of load oil	and must be equal to	or exceed top allow-
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to be receed top allow able for this depth or be for full 24 hours) 9 OIL WFIL Producing Method (Flow, pump, gas lift, etc.) 9 Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
		Tubing Pressure	Casing Pressure		Choxe Size	N: A 1 9 IN
	Length of Test		Water-Bbls.		Gas-MCF	And Dame
	Actual Prod. During Test	Oli-Bbie.			7	- MA.
	GAS WELL Length of Test Bble. Condensate/MMCF Gravity of Conden					isate
`1.	Actual Frod. Teet-MCF/D		Casing Pressure (Shu		Choke Size	
	Cesting Method (pitot, back pr.)	Tubing Presewe (shut-in)				
	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION			
	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED DEC. 1 5 1000			
			TITLE OIL AND GAS INSPECTOR			
	An al		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
	Mathie Wondon					
	Secretary					impleinly for allow-
	(Tille) 12-9-1982		Fill out only Sections 1, 11, 111, and VI for changes of c mult name or number, or transporter, or other such change of con-			
	jDi	ste)	Separate For rompleted wells.	ma C-104 mu	it be filed for we	ch pool in multiply