Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

DIME OF THE PREMIET 'nergy, Minerals and Natural Resources Dep.

RECEIVED

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

OIL CONSERVACION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT -9'90

Form C-104	
Revised 1-1-89	
See Instructions at Bottom of Page	

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0	Santa Fe, Ne	w Mexico 87.	504-2088	00	7 -9 90				
I. Operator	REQUEST	FOR ALLOY	WASLE AND OIL AND N	AUTHOF	RIZATION BAS AR	P. C. D. TESIA, OFFIC	E			
Hanson Energy	We			ell API No.						
Address	- Company for the company of the com					30-0	15-0	2062		
R. 342 S. Haldem Reason(s) for Filing (Check proper box)	an Kd., Ar	tesia, N.						•		
New Well		in Transporter of	Oı	her (Please exp	olain)					
Change in Operator If change of operator give name	Oil Casinghead Gas	Dry Gas Condensate	E f	ffective	10/1	/90 ι	NIW			
and address of previous operator	orexco Inc.	. Box 48	1. Artesi	a. N.M	88210					
II. DESCRIPTION OF WELL Lease Name	AND LEASE				<u> </u>	,				
Twin Lakes	cluding i ormation				d of Lease No.					
Location	1 7	Artes.	ia Q,G,SA	·	State	, Federal or F	esta e	3647		
Unit Letter	_ :_ 1316	Feet From The	Lin	ve and 27	'O -		T. Y			
Section 28 Townsh	18s	2.0	रे म्		F			Line		
1001113		Kange	, N	MPM,		E(ddy ———	County		
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil		OIL AND NA	TURAL GAS							
Navajo Relining (Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, N.M. 88210									
Name of Authorized Transporter of Casin	ighead Gas	or Dry Gas		e address to w						
If well produces oil or liquids,	Unit Sec.	Twp. R						enij		
give location of tanks.	L 28	11851 28	77	Whe			:n ?			
If this production is commingled with that IV. COMPLETION DATA	from any other lease o	r pool, give comm	ingling order numb	ber:	-					
	Oil We	II Gas Well								
Designate Type of Completion Date Spudded	- (X)		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Compl. Ready to Prod.			Total Depth		<u> </u>	P.B.T.D.	l			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations			Top Oil/Gas P	Top Oil/Gas Pay						
							Tubing Depth			
	-					Depth Casin	g Shoe			
	TUBING	CASING AN	D CEMENTIN	IG RECORI						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT				
							Post IP-3			
							16-12-90			
. TEST DATA AND REQUES	T FOR ALLOW	ARIF				- IN	y of			
OIL WELL (Test must be after re	Date of Test	of load oil and mi	ist be equal to or e	xceed ton allow	vable for this	danth an b. 6	6 11 24 4			
Date First New Oil Run To Tank	Date of Test		Producing Met	hod (Flow, pun	φ, gas lift, el	c.)	or juli 24 hour	<u>s.)</u>		
ength of Test Tubing Pressure			Casing Pressure			Ct. L. C.				
						Choke Size				
The During Test	Oil - Bbls.		Water - Bbis.	Water - Bbls.			Gas- MCF			
GAS WELL			<u> </u>							
clual Prod. Test - MCF/D	Length of Test		Bbls. Condensa	⊯/MMCF		C				
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Gravity of Condensate					
(ona-m)			Casing Pressure	Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	TE OF COMP	LIANCE	<u> </u>							
Division have been complied with and the	ions of the Oil Conserv	_	OI	L CONS	SERVA	TION D	IVISIO	N		
is true and complete to the best of my kn	at the information gives owledge and belief.	n above				_		•		
Hall. (N			Date A	\pproved		CT 12	1990			
Signature Kathie Hanson Secretary				01	DICIBLAI	CIONIES -				
Kathie Hanson Printed Name	by	By ORIGINAL SIGNED BY MIKE WILLIAMS								
10/1/ 90	10/1/90 Title				Title SUPERVISOR, DISTRICT II					
Date		hone 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
- 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 pure