	à						- <del>-</del>				151_	
 Submit 5 Copies Appropriate District Office DISTRICT 1	State of New Mexico Energy, Minerais and Natural Resources Department									Form C Revised See inst	1-1-89 (7 ]	
O. Box 1980, Hobbe, NM 88240 DISTRICT II O. Drawer DD, Artenia, NM 88210 P.O. Box											m of Page	
DISTRICT III		Sar	ua Fe, New	Me	exico 8750	4-2088						
1000 Rio Brazos Rd., Aztec, NM 87410												
I. Operator			NSPORT	UIL	ANUNA	UHAL	343		PI No.			
Hadson Energy Resou	rces Co	rporat	ion	<b></b>				_3(	)-015	-211	52	
P.O. Box 25956, Okl Reason(s) for Filing (Check proper box)	ahoma (	City, C	<u>ж 73125-</u>	09		T (Please es	miain					
New Well		~	Transporter of:	_			<i></i> ,					
Recompletion	Oil Casinghea	_	Dry Gas									
If change of operator give name			ulusa),	In	c., P.O.	Box 2	6770	, 0k1	ahoma Ci	ty, OK	73126	
and address of previous operator												
Lease Name	AND LEA		Pooi Name, In	cludi	ng Formation		<u> </u>		of Lease	Le	ase No.	
Bear		1	South	Ca	rlsbad (	Morrow	)		Federal or Fee			
Location Unit LetterI	. 1	650 -	Feet From The	•	South Lin	and 1	980	Fe	et From The	East	Line	
1	2.20			27	r				ddy			
Section <sup>17</sup> Townshi	ip 220		Range		, N	APM,					County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OI or Conden		TU	RAL GAS Address (Giv	e address IO	which	approved	copy of this for	m is to be se	nt)	
							··· · · ·					
Name of Authorized Transporter of Casim El Paso Natural G			or Dry Gas	x					copy of this for , TX 799			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	i i		is gas actuali Ye	ès	?	When	? 02/24/	75		
If this production is commingled with that IV. COMPLETION DATA	from any oth								······································			
Designate Type of Completion	- (X)	Oil Well	Gas We	ll	New Well	Workover 	r   	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	Prod.		Total Depth	•			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
Perforations	1								Depth Casing	Shoe		
		TUBING,	CASING A	ND	CEMENTI	NG RECO	ORD		· ····			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT Port ID-3			
										4-16-93		
									chy op name			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		1	·			<u></u>		<u> </u>	
OIL WELL (Test must be after			of load oil and	mus	be equal to or Producing M					r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	2			Fromenik M		, para	, gus 191, 1				
Length of Test	Tubing Pressure			Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF			
GAS WELL									<u>.</u>			
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbis. Condensate/MMCF				Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
					-↓			<del>_</del>	!			
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg	-					DIL CO	DNS	SERV	ATION [	DIVISIC	<b>N</b>	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved APR 1 2 1993							
Bruce E. Hankon									LSIGNED	BA		
Signature Bruce E. Hankins	Engine	ering	<u>Technici</u> Tide	<u>a</u> n.					e ME			
Printed Name 04/06/93	(405)2	232-221	.2		Title		<u></u>	<u></u>	<u>308. 2151</u>	**************************************		
Date		Tel	ephone No.		. <u>  </u>		4. mar (s. r. s	ar apillan (c) (c) (		•*		

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.

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.