DISTRICT P.O. Box 1580, Hobbs, NM 88240		VATION DIVIS	\square	Revised 1-1-07 See Instructions at Bottom of Pag	
DISTRICT 1 P.O. Drawei DD, Ariesia, NM 8821	10 P.C	D. Box 2088		(
DISTRICT_11 1000 Rio Brazos Rd., Aztec, NM B	Santa Fe, Nev	w Mexico 87504-2088	Í.	19 - 9 10 9 - 🔪	
I.	REQUEST FOR ALLON	NABLE AND AUTHORIZ	ATION	S. (. D.	
Operator		OIL AND NATURAL GA	S		
Hanson Energy	/		Well API No. 30015012	3800	
R. 342 S. Hald	leman Rd, Artesia, N	.M. 88210	I		
Reason(s) for Filing (Check proper i New Well		Other (Please explain	1)		
Recompletion	Change in Transporter of Oil Dry Gas Casinghead Gas Condensate	Effective	e 8/1/93		
If change of operator give name and address of previous operator	Marbob energy Corpor	ation, drawer 21	7, Artesia,	N.M. 88210	
II. DESCRIPTION OF WE					
Lease Name Berry B	Well No 23 Empir	cluding Formation e Yates SR	Kind of Lease XSCACE, Federal or Pe	K NM025527	
Unit Letter B	:	North Line and 2310	0 _	Pact	
Section 25 Tow		-		East Lin	
			ddy	County	
III. DESIGNATION OF TR Name of Authorized Transporter of O		FURAL GAS			
Navajo Crude Oil		approved copy of this for rtesia, N.M	oved copy of this form is to be sent) Sia, N.M. 88210		
Name of Authorized Transporter of Ca	asinghead Gas or Dry Gas	Address (Give address to which			
If well produces oil or liquids, rive location of tanks.	Unit Sec. Twp. R B 25 17S 27	ge. Is gas actually connected? E NO	When ?		
f this production is commingled with the V. COMPLETION DATA	hat from any other lease or pool, give commi	ngling order number:			
	Oil Well Gas Well	New Well Workover I	Deepen Plug Back		
Designate Type of Completion	Date Compl. Ready to Prod.		Deepen Plug Back	Same Res'v Diff Res'v	
		Total Depth	P.B.T.D.		
Elevations (DF RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
erforations			Depth Casing	Shoe	
	TIPNC CLONG LY				
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD			
			Por	CKS CEMENT	
				20-93	
TEST DATA AND REQU				y op	
LWELL (Test must be after	ST FOR ALLOWABLE recovery of total volume of load oil and mus	the equal to an exceed to all with			
ate First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, g.	as lift, etc.)	full 24 hours.)	
ngth of Test	Tubing Pressure	Casing Pressure	Choke Size	Choke Size	
tual Prod. During Test		-	Choke Size		
	Oil - Bbls.	Water - Bbls.	Gas- MCF	·····	
AS WELL					
tual Prod. Tes - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Con	densate	
ling Method (pilos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	Choke Size	
I hereby certify that the rules and regu Division have been complied with and	that the information given above	OIL CONSE	RVATION DI	VISION	
is true and complete to the best of my	knowledge and belief.	Date Approved	AUG 1 1 199	33	
Signeture Kathie Hanson		By			
Printed Name	Secretary	ORIGINAL SIGNED BY			
7/30/93	746-2262	TitleSUPERVI	SOR. DISTRICT		
	Telephone No.	11			

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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2) 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.

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