DİSTRICT I P.O. Box 1980, Hobbs, NM 88240		e e sur fan einer	See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		ATION DIVILADN Box 2088	Accessed of
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		Mexico 87504-2088	AUG - 9 1993
I.		ABLE AND AUTHORIZATION	V C. I. D.
Operator Hanson Energy		We	II API №. 00150132300
Address R. 342 S. Hal	deman Rd. Artesia,	N.M. 88210	
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	[] Other (Please explain)	
Recompletion	Oil Dry Gas Casinghead Gas Condensate	]	
		tion, Drawer 217, A	rtesia, N.M. 88210
II. DESCRIPTION OF WELL Lease Name Vandagri	Well No. Pool Name, Inch	kling Formation Kin	d of Lease No.
Location	ti 3 Vandagr	iff Keyes QN	e, Federal or Fex LC028446A
Unit Letter I	_ :2218 Feet From The	Southfine and 1201	Feet From TheEastLine
Section 5 Townshi	p 17S Range 281	E <u>NMI'M,</u> Eddy	County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATI		
Name of Authorized Transporter of Oil	or Condensate	Aderess (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Casing			ed copy of this form is to be sent)
<u>GPM Gas Corpor</u> If well produces oil or liquida, give location of tanks.	1	4001 Penbrook, Ode Is gis actually connected? Whe Yes	
f this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give commin		2/24/10
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	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 Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
·····	TURING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	· · · · · · · · · · · · · · · · · · ·		Port ID-3
			8-20-93
		-	the op
7. TEST DATA AND REQUES			
Date First New Oil Run To Tank	Date of Test	the equal to or exceed top allowable for th Producing Method (Flow, pump, gas lift,	is depth or be for full 24 hours.) eic.)
length of Test	Tubing Pressure	Casir g Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Ibls.	Gas- MCF
GAS WELL			
actual Prod. Test - MCF/D	Length of Test	Bhis. Condensale/MMCF	Gravity of Condensate
sting Method (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Freesure (Shut in)	Choke Size
I. OPERATOR CERTIFIC. <sup>A</sup> I hereby certify that the rules and regulat Division have been complied with and th	ions of the Oil Conservation	OIL CONSERV.	ATION DIVISION
is true and complete to the best of my kn		Date Approved	NG 1 1 1993
Signature		ByOPIGINIAL SIG	
Kathie Hanson Secretary		Unidinal oldreb bi	
Printed Name 7/30/93 746-2262		MIKE WILLIAMS Title	
Date	Telephone 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 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 comp eted wells.