DISTRICT 1 P.O. Box 1980, Hobbi, NM 88240

DISTRICT II

OIL CONSERVATION DIV.

Revised 1-1-ox See Instructions at Bottom of Page

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DISTRICT III	Santa Fe, New Mexico 87504-2088		N.A.	
1000 Rio Brazos Rd., Aztec, NM 87410	DECLIEST NO.	AUG - 9 1901,	ار <i>تا</i>	
7	REQUEST FOR ALLOWABLE AND AUTHORIZAT	ION	(3	
I.	TO TRANSPORT OIL AND NATURAL GAS	€, € , Ð,	•	
Operator Hanson Energy		Well API No. 300150132900		
Address R. 342 S. Halden	an Rd. Artesia, N.M. 88210	150750132500		
Reason(s) for Filing (Check proper box)				
New Well	Other (Please explain) Change in Transporter of:			
Recompletion	f7	ive 8/1/93		
Change in Operator X	Casinghead Gas Condensate	1, 1, 93		
f change of operator give name Mar	bob Energy Corporation			

If change of operator give name	larbob.	Fnergi	· Cor							
and address of previous operator		- Birer 9	y COL	porat	cion, D	rawer 2	217, A	rtesia,	N.M.	88210
II. DESCRIPTION OF WEI	LL AND I	LEASE								
Vandagriff		Well No. 10	Pool Nan	ame, Includ	ling Formation ff Key	s On		of Lease , Federal or F		Lease No.
Location			l						т псог	8446A
Unit Letter B	:_6	50	_ Feet Fr	om The _N	lorth Lin	c and15	401	eet From The	East	Line
Section 8 Town	ship	17S	Range				ddy			County
III. DESIGNATION OF TRA	ANSPORT	TER OF O	II. ANI	D NATH	DAL CAC					
Name of Authorized Transporter of Oil		or Conde	nsale (<u> </u>	Address (Giv	e address 10 w	Ush			<u></u>
	L		L		, , , , , , , , , , , , , , , , , , , ,	c oxaz cij 10 p	nich approve	a copy of this j	orm is to be s	eni)
Name of Authorized Transporter of Ca	singhead Gas		or Dry (Gas X	Address (Giv	e address to	List			
GPM Gas Corporation				Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tup.	Rge.	4001 Penbrook, Odessa, Tx. 79				x. 797	62
·	Voc					1	2/24/78			
I this production is commingled with the V. COMPLETION DATA	at from any	other lease or	pool, give	commingl	ing order numb	per:				
V. COMPLETION DATA						*************		·		
Designate Type of Completion	n - (X)	Oil Well	G:	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Dale Spudded	Date Co	Date Compl. Ready to Prod.			Total Depth	l	l	<u> </u>		
					1		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay					
				i				Tubing Depth		
Perforations				1				Death Cont		
								Depth Casin	g Shoe	
		TUBING.	CASIN	G AND (CEVIEVILIV	C PECODI				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE		DEPTH SET								
		700110 0122			DEPTH SET		SACKS CEMENT			
								Pos		
							· · · · · · · · · · · · · · · · · · ·	<u> </u>	20-9	3
·								۰ .	1	
									ag age	
. TEST DATA AND REQUE	STFOR	ALLOWA	BLE						3 4	

Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Illils. Gas- MCF

GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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. Signature Kathie Hanson Secretary Tille 746-2262 Printed Name 7/30/93 Date Telephone No

OIL CONSERVATION DIVISION

AUG 1 1 1993 Date Approved _ ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II Title

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.
- 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 number, transporter, or other such changes.

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