

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

See Instructions  
at Bottom of Page

RELATIVE

AUG - 9 1994

C. I. D.  
1944

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Hanson Energy ✓		Well API No. 300150133600
Address R. 342 S. Haldeman Rd. Artesia, N.M. 88210		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 8/1/93
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Marbob Energy Corporation, Drawer 217, Artesia, N.M. 88210		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	T E & K	Well No.	8	Pool Name, Including Formation	Vandagriff Keyes Qn	Kind of Lease	State, Federal or <del>Per</del>	Lease No.	LC061465A
Location	Unit Letter <u>C</u> : <u>969</u> Feet From The <u>North</u> Line and <u>2020</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County								

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
GPM Gas Corporation					4001 Penbrook, Odessa, Tx. 79962	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	In gas actually connected?	When?
					yes	2/28/78

If this production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	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		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						Part ID-3		
						8-20-93		
						w/hy up		
V. TEST DATA AND REQUEST FOR ALLOWABLE								

## V. TEST DATA AND REQUEST FOR ALLOWABLE

## OIL WELL.

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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 - Bbls.	Gas - MCF

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Patricia J. Carson

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

## OIL CONSERVATION DIVISION

Date Approved AUG 11 1993

By \_\_\_\_\_  
 Title \_\_\_\_\_

ORIGINAL SIGNED BY  
 MIKE WILLIAMS  
 SUPERVISOR, DISTRICT II

**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.