

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See instructions  
at bottom of page

AUG 26 1991

O. C. D.  
ARTESIA OFFICE

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

Operator HALLWOOD PETROLEUM, INC. ✓	Well API No. 30-015-23922
Address P. O. Box 378111, Denver, Colorado 80237	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Recompletion is to another zone but is still within the same Morrow pool. C-104 is being submitted for test info & allowable data.
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name CATCLAW DRAW	Well No. 17	Pool Name, including Formation Catclaw Draw Morrow	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. K 4902
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>N</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>21S</u> Range <u>25E</u> , <u>NMPM</u> , <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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210
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) P. O. Box 26400, Albuquerque, NM 87125
Name of Authorized Transporter of Gas Company of New Mexico	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>14</u> Twp. <u>21S</u> Rge. <u>25E</u> Is gas actually connected? <u>Yes</u> When? <u>7/14/82</u>

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

### IV. COMPLETION DATA \*Same reservoir - different zone - Morrow "A"

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input checked="" type="checkbox"/> X*	Diff Res'v <input type="checkbox"/>
Date Spudded 1/30/82	Date Compl. Ready to Prod. 4/16/82	Total Depth 10,483'	P.B.T.D. 10,165' (new)					
Elevations (DF, RKB, RT, GR, etc.) 3355' KB; 3336' GR	Name of Producing Formation Morrow "A"	Top Oil/Gas Pay 10,102'	Tubing Depth 10,063'					
Perforations 10,102 - 10,112'; 4 spf			Depth Casing Shoe 10,483'					

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
no change in casing string(s)			
	323 jts - 2 3/8" N-8	- packer at 10,023'	N/A
	X Guiberson Uni - 6 packer	- end of tbg at 10,063'	

### 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 1001	Length of Test 24 hours	Bbls. Condensate/MMCF 1	Gravity of Condensate 51
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 3010# SITP; 650# FTP	Casing Pressure (Shut-in) 0	Choke Size 3/4-inch

### 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 Eva Kardas	Production Analyst
Printed Name 8/22/91	Title (303) 850-6282
Date	Telephone No.

### OIL CONSERVATION DIVISION

AUG 30 1991

Date Approved

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title 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 for 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.

