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

- State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brizos Rd. Aziec, NM, 87410

I		REQUEST FOR ALLOWABLE AND AUTHORIZATION							
I.		TO TRA	NSPORT OIL	AND	NATURAL GAS				
Operator						Well API No.			
	HALLADOR PETROL	EUM COMPANY				300452195500s1			
Address					· · · · · · · · · · · · · · · · · · ·	·			
	1580 Lincoln St	reet, Suite	1000 Denver,	CO	80203				
Reason(s) fo	or Filing (Check proper box)			Other (Please explain)					

HALLADOR PETRO	LEUM CO	MPANY				3(	004521955	0081		
Address		·····								
1580 Lincoln S	treet,	Suite l	000 Denver	· · · · · · · · · · · · · · · · · · ·	0203					
Reason(s) for Filing (Check proper box)  New Well		Change in T	Fransporter of:	[] Ou	her (Please explo	•				
Recompletion	Oil		Dry Gas		2200	ne Ch	only	+		
Change in Operator			Condensate				,	<b>.</b>		
			Company 15	580 Linc	oln St.	#1000, I	enver, Co	8020	3	
II. DESCRIPTION OF WELL	AND LE	ASE								
Lease Name		Pool Name, Includi	_	***************************************		of Lease		Lease No.		
Horton	<del></del>	1-A	Basin I	Dakota		State,	Federal or Fee	SF078	095A	
Location		0.55				0.0		_		
Unit LetterG	_ :1	850 <u> </u>	Feet From The	North Li	ne and16	90 Fe	et From The	East	Line	
Section 7 Townsh	nip 31N	ī	Range 11W	N	IMPM,	San J	Juan		County	
, IOANS				• • •			<del></del>		-venty	
III. DESIGNATION OF TRAI	NSPORTE		AND NATU	RAL GAS		<del> </del>			<del></del>	
Name of Authorized Transporter of Oil		or Condens	ale V	Address (Gi	ve address to wh		copy of this for	n is to be ser	u)	
P P Name of Authorized Transporter of Casi			or Dry Gas X	<del></del>			copy of this for-	n is to be see		
Name of Authorized Transporter of Cash								00 06 861	-7	
If well produces oil or liquids,	Unit				ly connected?	When				
give location of tanks.	G	7	31N   11W	·	No			·		
f this production is commingled with that	from any oth	her lease or po	ool, give commingle	ing order num	iber: Pa	cker set	@7272 <b>'</b>	shut of	f Dakota	
V. COMPLETION DATA		longer :	1 0	N	1 West	1	L pu		bies :	
Designate Type of Completion	1 - (X)	Oil Well	Gas Well	New Well	Workover	1 Deepen	Plug Back   S	ame Kes'v	Diff Res'v	
Date Spudded		pl. Ready to F	rod.	Total Depth	.1		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	mation	Top Oil/Gas	Pay		Tubing Depth					
Perforations	<u></u>	<u> </u>	<b></b>		Depth Casing Shoe					
		TUBING, C	CASING AND	CEMENT	NG RECOR	D				
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
	<del> </del>						<u> </u>			
	-				·					
V. TEST DATA AND REQUE	ST FOR A	ALLOWA	BLE	<del> </del>			*			
OIL WELL (Test must be after	recovery of to	otal volume oj	•					full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Te	st		Producing M.	lethod (Flow, pu	ump, gas lift, e	tc.)			
Length of Test	Tuking h	·ggim		Casing Press	ure		Chair Sin		P 12	
songer or rea	uoing Ph	Tubing Pressure				Π	DEEL	: 1 Y	BIT	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			· - ·	1	
						<b></b>	MAR3	0 1990		
GAS WELL										
Actual Prod. Test - MCF/D	Length of	Length of Test  Tubing Pressure (Shut-in)			Bbls. Condensate/MMCF			NL. D	₩	
	- 111				72.		DIST. 3			
Festing Method (pitot, back pr.)	Tubing Pr				sure (Shut-in)	<del></del>	Choke Size			
VI ODED ATOD CODOTTO	7 4 77 7 7 7	2001	TARION	1	<del> </del>	<del></del>	<u> </u>	· <del></del> -	<del></del>	
VI. OPERATOR CERTIFIC				11 4	OIL CON	ISERV.	ATION D	IVISIO	N	
I hereby certify that the rules and regularision have been complied with an	1	001				₹ ₹				
is true and complete to the best of my		Date	e Approve	·d	JUN 271	990				
1/34					- , .pp1046	_	. 1			
Signature	eg_	1		By_		3.	). Oh			
Signature WILLIAM T. KRI	EC, PRE	SIDENT		-,-		SUPER	VISOR DIS	TRICT	1 2	
				11		~~' #//	**************************************	IDIGI	<b>.</b>	

Title 839-5504 Printed Name (303)3/27/90

Date Telephone No. 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.

: :

DIL COM, DIV.