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Appropriate District Office
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DISTRICT II
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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

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

I.

Operator Hallwood Petroleum, Inc.	Well API No. 30-045-27580
Address P.O. Box 378111, Denver, CO 80237	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input checked="" 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 type="checkbox"/>	Company name changed from Quinoco Petroleum, Inc. effective 6/1/90
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 Jacquez K2	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>K</u> : <u>2270</u> Feet From The <u>South</u> Line and <u>1765</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>31N</u> Range <u>13W</u> , NMPM, San Juan 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)	
None		
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)	
Sunterra Gas Gathering Co.	P.O. Box 26400, Albuquerque, NM 87125	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When ?	
No	ASAP	

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
		X	X					
Date Spudded 3/20/90	Date Compl. Ready to Prod. 4/7/90		Total Depth 2,200'		P.B.T.D. 2,196'			
Elevations (DF, RKB, RT, GR, etc.) 5932' KB, 5820' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2,018' - 1500'		Tubing Depth 1,984'			
Perforations 2,018-28', 2,028 - 48' 4 JSPE 0.50" holes		1500 - 205'		Depth Casing Shoe -				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		302'		210 sx Class "B"			
7-7/8"	5-1/2"		2,196'		250 sx 65-35 poz			
	2-7/8"		1,984'		& 125 sx Class "B"			

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
OCT 29 1990

OIL CON. DIV

GAS WELL

Actual Prod. Test - MMCF/D 60	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 870#	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.

Holly S. Richardson
Signature
Holly S. Richardson Sr. Ops. Eng. Tech.
Printed Name
10/15/90
Date
(303) 850-6322
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 05 1990
By [Signature]
Title SUPERVISOR DISTRICT #3

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.