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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

Operator Hallwood Petroleum, Inc.	Well API No. 30-045-27583
Address P.O. Box 378111, Denver, CO 80237	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) Company name changed from Quinoco Petroleum, Inc. effective 6/1/90	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chavez H2	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <u>H</u> : <u>2440</u> Feet From The <u>North</u> Line and <u>828</u> Feet From The <u>East</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"/> None	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"/> Sunterra Gas Gathering Co.	Address (Give address to which approved copy of this form is to be sent) 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? No	When? 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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 3/23/90	Date Compl. Ready to Prod. 4/16/90		Total Depth 2,175'		P.B.T.D. 2,175'			
Elevations (DF, RKB, RT, GR, etc.) 5748' GL., 5760' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1,991'		Tubing Depth 1,996'			
Perforations 1,991-2,021' w/ 4 JSPE		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 - 1/4"	8 - 5/8"	315'	150 sx Class "B"
7 - 7/8"	5 - 1/2"	2,174'	140 sx lite cmt
			& 100 sx Class "B"
	2 - 7/8"	1,996'	

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		OIL CON. DIV. DIST. 3	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
84	24 hrs	-	-
Testing Method (puoi, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	-	880#	-

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 (303) 850-6322 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 01 1991
By James J. Shum
Title SUPERVISOR DISTRICT 13

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.