

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Hallwood Petroleum, Inc.		Well API No. 30-045-28855
Address P.O. Box 378111 Denver, CO 80237		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nickles 11	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>L</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>31N</u> Range <u>13W</u> , <u>NMPM</u> , <u>San Juan</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"/> N/A	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"/> Hallwood Petroleum, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 378111 Denver, CO 80237					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 11	Twp. 31N	Rge. 13W	Is gas actually connected? No	When? --

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 X	New Well X	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded 12/26/92	Date Compl. Ready to Prod. 4/8/93	Total Depth 1930'	P.B.T.D. 1918'					
Elevations (DF, RKB, RT, GR, etc.) 5702 KB 5690 GL	Name of Producing Formation Basin Fruitland Coal	Top Oil/Gas Pay 1874'	Tubing Depth 1862					
Perforations 1833-1918'		Depth Casing Shoe 1918						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	349	260 sxs
7 5/8	5 1/2	1918	200 sxs Howco Lite
	2 7/8	1862	105 sxs 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 the depth of the well, 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  
MAY 10 1993  
OIL CON. DIV.  
DIST. 3

GAS WELL

Actual Prod. Test - MMCFD 43	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Shut-in) 50	Casing Pressure (Shut-in) 72	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.

Signature Lois M. Benda  
Printed Name Lois M. Benda Sr. Engr. Tech  
Date 5/7/93 Telephone No. (303) 850-6285

OIL CONSERVATION DIVISION

Date Approved MAY 10 1993

By [Signature]  
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.