

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

**OIL CONSERVATION DIVISION**

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

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

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

I.

Operator <b>HALLWOOD PETROLEUM, INC.</b>	Well API No. 30-045-27586
Address P. O. Box 378111, Denver, CO 80237	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 _____	

*trans. Change only*

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>PAN AM STATE N2</b>	Well No. 36	Pool Name, Including Formation <b>BASIN FRUITLAND COAL</b>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. E-8445
Location Unit Letter <b>N</b> : <b>1115</b> Feet From The <b>South</b> Line and <b>1440</b> Feet From The <b>West</b> Line Section <b>36</b> Township <b>32N</b> Range <b>13W</b> , <b>NMPM</b> , <b>San Juan</b> 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)	
Hallwood Petroleum, Inc.	P.O.Box 378111, Denver, CO 80237	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? When?
		YES 2/15/91

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 4/6/90	Date Compl. Ready to Prod. 4/29/90	Total Depth 2,214'		P.B.T.D. 2,175'				
Elevations (DF, RKB, RT, GR, etc.) 5843' KB, 5802' GL	Name of Producing Formation FRUITLAND COAL	Top Oil/Gas Pay 1,845'		Tubing Depth 2,132.67'		Depth Casing Shoe		

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	319'	200 sx Class "B"
7-7/8"	5-1/2"	2,207'	300 sx 65-35 poz & 25 sx Class "E"
	2-7/8"	2,132.67'	

**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.

**GAS WELL**

Actual Prod. Test - MCF/D 98	Length of Test 24 hrs	Bbls. Condensate/MMCF	Days of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 825#	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  
5/3/91  
Date  
(303) 850-6322  
Telephone No.

**OIL CONSERVATION DIVISION**

**MAY 10 1991**

Date Approved \_\_\_\_\_  
By *Bruce E. ...*  
SUPERVISOR DISTRICT #3  
Title \_\_\_\_\_

**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 hit 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.
- Separate Form C-104 must be filed for each pool in multiply completed wells.