

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 37501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Haseloff Corporation
Address
P. O. Box 249, Lovington, N.M. 88260

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Approval to have casinghead gas from this well must be obtained from Minerals Management Service BLM

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE NM 0558287

Lease Name <u>Haseloff Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Chaveroo - San Andres</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease <u>Above</u>
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Location
Unit Letter M ; 1310' Feet From The South Line and 1310' Feet From The West
Line of Section 13 Township 7S Range 33E . NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>JM Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>2000 North Tower Plaza of the Americas, Dallas, Tx 75201</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>13</u>	Twp. <u>7S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>No</u>	When
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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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Drill Res.
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Date Spudded <u>11-07-85</u>	Date Compl. Ready to Prod. <u>11-25-85</u>	Total Depth <u>4400'</u>	P.B.T.D. <u>4400'</u>
Elevations (DF, RKB, RT, GR, etc.) <u>4332' GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>4066'</u>	Tubing Depth <u>4370'</u>
Perforations 28 Shots- <u>4066, 81, 82, 4104, 32, 36, 38, 43, 44, 45, 46, 48, 50, 51, 52, 53, 56, 58, 62, 65, 87, 88, 91, 4240, 45, 46, 49, 50</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>1806'</u>	<u>325 sxs Lite, 250 sxs Hi</u>
<u>7 7/8</u>	<u>4 1/2</u>	<u>4400'</u>	<u>185 sxs 50/50 Poz</u>
<u>4 1/2</u>	<u>2 3/8</u>	<u>4370'</u>	<u>None</u>

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>11-25-85</u>	Date of Test <u>11-25-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>
Length of Test <u>24 Hours</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>350</u>
Actual Prod. During Test <u>60</u>	Oil - Bbls. <u>60</u>	Water - Bbls. <u>0</u>
		Gas - MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

VI. 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]
(Signature)
[Title]
(Title)
12-3-85
(Date)

OIL CONSERVATION DIVISION
DEC 5 - 1985

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.