STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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LAND OFFICE		
TRANSPORTER OIL	I	
TRANSPORTER GAS		
OPERATOR	I	
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: HCW Exploration, Inc. ✓

Address: Box 10585, Midland, Texas 79702

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

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-1-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

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

DESCRIPTION OF WELL AND LEASE

Red Bluff Bone Spring

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Dorstate	1	~~Wildcat (Bone Spring)~~	State, Federal or Fee State	L-5369

Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East
Line of Section 27 Township 25-S Range 28-E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	Drawer 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	27	25-S	28-E	No	----------

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-18-81	5-19-81	8000'	7955'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
2968' GR	Bone Springs	6400'	7800'
Perforations			**Depth Casing Shoe**
6412-7890' (total 90 holes)			8000'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	428'	100 sx Cl-C + 450sx Cl-C
12 1/4"	8 5/8"	2557'	1500 sx GS + 200 sx Cl-C
4 1/2"	7 7/8"	7997'	1st stage 350 sx 50:50 Poz + 200 sx Cl-C; 2nd stage 300 sx50:50 Poz + 200 Cl-C

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-8-81	8-22-81	2" x 1 1/4" x 16' x 20'	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	-------	40	-------
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	37	80	152

Posted ID-2 to Comp. NCO 9-4-81

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

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.

D.C. Helm
(Signature)

D.C. Helm Vice President
(Title)

August 24, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 31 1981, 19____

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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

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

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

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

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