Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

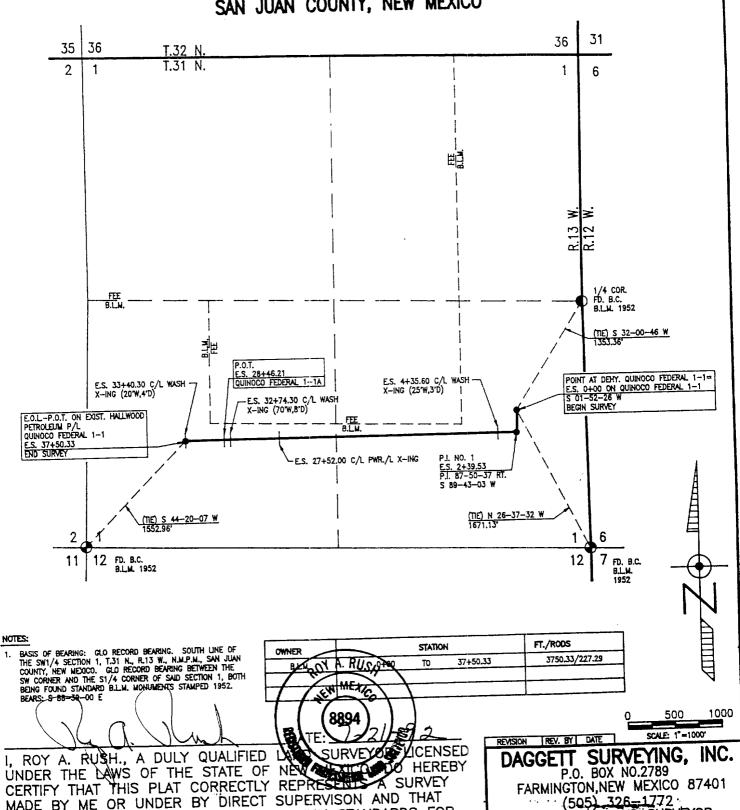
•		U INA	NOFC	ni Oil	AND NAI	UNAL GA		API No.			
Operator Hallwo	lwood Petroleum, Inc.					30-045-22125					
Address P.O. 1	Box 378	111 De	nver	, CO 8	30237						
teason(s) for Filing (Check proper box)					Othe	t (Please expla	in)				
vew Well	(Change in T	•	- 77- 1	Chana	e in Gas	Tranci	artor t	n rofloc	+	
Recompletion	Oil	<u></u> □ 1	Dry Gas	X	_	ction to	-				
Change in Operator	Casinghead	Gas 🔲 (Condens	ate	conne	erron ro	nallwo	Jou Galin	erring by	Stem.	
change of operator give name						····					
L DESCRIPTION OF WELL A	ND LEA	SE									
Esse Name Federal l	Well No. Pool Name, Including 1 Basin Dakot							Kind of Lease State, Federal or Fee		SRM 1126	
ocation T	152	5		Soi	ıth	. 820	·		East	Line	
Unit Letter	:	 :	Feet Fro	m The $\frac{So_1}{}$	line	and	r	eet From The .			
Section 1 Township	31	N	Range	1.3W	, N <u>N</u>	ирм,	San .	Juan		County	
II. DESIGNATION OF TRANS				NATUI	RAL GAS	e address to wh	.i.k	d name of this f	orm is to be se	ent)	
Name of Authorized Transporter of Oil	7	or Condens	ale		Address (Giw	e daaress to wh	uch approve	a copy of this f			
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						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,	Unit Sec. Twp. Rge.				Is gas actually connected? When			? 9/1/92			
f this production is commingled with that fi	rom any othe	er lease or p	ool, giv	e commingle							
V. COMPLETION DATA				,			D	Dhua Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	Oil Well	1	ias Well	New Well	Workover	Deepen	Flug Back	Same Res v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					<u> </u>			Depth Casi	Depth Casing Shoe		
	T	UBING.	CASI	NG AND	CEMENTI	NG RECOR	ED	:			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	<u> </u>										
W MEGER DATE AND DECKER	T EOD A	LLOW	DIE								
V. TEST DATA AND REQUES OIL WELL (Test must be after re	ecovery of lo	tal volume	of load	oil and must	be equal to or	exceed top all	owable for t	his depth or be	for full 24 hor	urs.)	
Date First New Oil Run To Tank					Producing M	ethod (Flow, p	ump, gas lift	, etc.) D	EGE	2 1 <i>3</i> 12	
Length of Test	Tubing Pressure				Casing Pressure			Cho	1111 2 1	1992	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		V. DIV	
GAS WELL					<u></u>				DIST		
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 Siz	<u> </u>		
	4 TTC 07		77.7	TCT	_	<u>.</u>	<u></u>				
VI. OPERATOR CERTIFIC				NCE		OIL CO	NSER'	VATION	DIVISI	ON	
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.					Date Approved JUL 3 1 1992						
1. Charles of the coal of the	/,	/			Dat	e Approv	ea	0 1	133 <u>2</u>		
Signature Classic Control of the Con					By_	By 3 day					
Signature Debi Sheely - Sr. Engineering Technician Printed Name 7/29/92 (303)850-6207					Title	e	SUPER	VISOR DI	STRICT	/ 3	
7/29/92 Date	(303		6207 ephone	No.	11						

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

A SURVEY FOR

HALLWOOD ENERGY COMPANIES GAS PIPELINE QUINOCO FEDERAL 1-1 S/2 SEC.1, T.31 N., R.13 W., N.M.P.M., SAN JUAN COUNTY, NEW MEXICO



(505) 326-1772 REGISTERED LAND SURVEYOR

ROY A. RUSH N.MEX. NO. 8894

LAND SURVEYS IN NEW MEXICO. DWC PEF# HIDDID20 DAN HIDDI

MADE BY ME OR UNDER BY DIRECT SUPERVISON AND THAT

THIS SURVEY MEETS THE AMENDED MINIMUM STANDARDS FOR