Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	7	OTRAN	SPORT	OIL	AND NA	TURAL GA	AS					
Operator Hallador Pet	Hallador Petroleum Company						i			API No. 0456007400S1		
Address 1580 Lincoln	St. #1	000, Dei	nver, CO	3 C	30203							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator		Change in Tr				es (Please explo	ain)					
If change of operator give name and address of previous operator Ki	mbark O	il & Ga	s Compa	ny,	1580 L	incoln S	t. #100	O, Denve	er, co	80203		
II. DESCRIPTION OF WELL												
Lease Name Horton	Well No.   Pool Name, Including 4   Blanco							of Lease No. Federal or Fee SF078146A				
Location M	. 99	0 -		So	outh	990			West	71		
Unit Letter	red From the					Like and ree			trom thetine			
Section 27 Township 32N Range 12W , NMPM, San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil		or Condensate				e address to wh	ich approved	copy of this f	orm is to be se	ni)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Sunterra Gas Gathering Company								copy of this form is to be sent) Jerque, NM 87125				
If well produces oil or liquids, give location of tanks.			vp.   R	ge. I	Is gas actually connected? Yes			When?				
If this production is commingled with that f  IV. COMPLETION DATA	rom any othe	r lease or poo	l, give comm	inglin		жг	······································					
Designate Type of Completion -	· (X)	Oil Well	Gas Well	1 /	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl	.l xd.	7	Total Depth		<u> </u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					***************************************	····		Depth Casing Shoe				
TUBING, CASING AND					EMENTI	<del></del>	D					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
		<i>y</i>			· · · · · · · · · · · · · · · · · · ·			<u> </u>				
V. TEST DATA AND REQUES	T FOR A	LLOWAR	LF									
OIL WELL (Test must be after re	covery of tole	al volume of l							for full 24 how	rs.)		
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure			C	Casing Pressure			Chokesize	EIN	£ 1		
Actual Prod. During Test	Oil - Bbls,			V	Water - Bbls.			MAR1 2 1990				
GAS WELL							<del></del>	OII (	1 140	)IV		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			DIST. 3				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			7	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC					(	DIL CON	ISERV	ATION	DIVISIO	 )N		
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.					.111 2 0 1990							
MH i.e.					Date Approved							
Signature WILLIAM T. KRIEG, PRESIDENT					By SUPERVISOR DISTRICT 13							
Printed Name 3/7/90	(30	3) 839-			Title			ivison t				
Date		Telepho	na No	- 11	l .							

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

The facility of the

- 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.