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ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

| | |
|---|---|
| Operator Haile Petroleum Ltd. | |
| Address 813 S. Roselawn, Artesia, NM 88210 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership | *Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|---|---------------|---|--|-----|-----------|
| Lease Name Duck | Well No. 1 | Pool Name, including Formation E. Red Lake, Queen Grayburg | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location | | | | | |
| Unit Letter <u>I</u> , <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> | | | | | |
| Line of Section <u>2</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Navajo Refining Co. | P.O. Box 159, Artesia, NM 88210 | | | | | |
| 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 I | Sec. 2 | Twp. 17S | Rge. 28E | Is gas actually connected? No | When |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have
been complied with and that the information given is true and complete to the best of
my knowledge and belief.

J. S. Haile
(Signature)
Operator
(Title)
Aug 19 1987
(Date)

OIL CONSERVATION DIVISION

AUG 26 1987

APPROVED _____, 19____

BY _____
Original Signed By
Les A. ClementsTITLE _____
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 allow-
able 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.

V. COMPLETION DATA

| | | | | | | | | | |
|---|--|-------------------------|----------|----------|-----------------------|-------------------------|----------------|------------------|--------------|
| Designate Type of Completion - (X) | | Oil Well X | Gas Well | New Well | Workover X | Deepen | Plug Back X | Same Res'v. X | Dill. Res'v. |
| Date Spudded NA | Date Compl. Ready to Prod. NA | Total Depth 1790' | | | P.B.T.D. 1610' | | | | |
| Deviation (DF, RKB, RT, CR, etc.) | Name of Producing Formation Penrose | Top Oil/Gas Pay 1576 | | | Tubing Depth 1610' | | | | |
| Perforations 1576' to 1584' 8 shots one shot per foot treated with 480 bbls gel water 38500 lbs frac sand | | | | | | Depth Casing Shoe NA | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

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)

| | | | |
|--|------------------------|--|--------------------|
| Date First New Oil Run To Tanks 7-20-87 | Date of Test 8-3-87 | Producing Method (Flow, pump, gas lift, etc.) pumping | |
| Length of Test 24 hrs | Tubing Pressure NA | Casing Pressure NA | Choke Size none |
| Initial Prod. During Test 11 bbls | Oil - Bbls. 7 bbls | Water - Bbls. 4 bbls | Gas - MCF TSTM |

AS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Initial Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Casing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size |