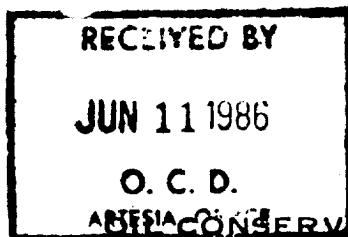


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	



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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator J.T. Haile Petroleum Ltd.
Address 813 S. Roselawn, Artesia, NM 88210

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-2-86

If change of ownership give name and address of previous owner _____
UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>M & W Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Und. High Lonesome Queen</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-55927</u>
Location Unit Letter <u>F</u> : <u>1833'</u> Feet From The <u>West</u> Line and <u>2210'</u> Feet From The <u>North</u> Line of Section <u>19</u> Township <u>16 South</u> Range <u>29 East</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"/> <u>Navajo Refining Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, NM 88210</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>F</u> Sec. <u>19</u> Twp. <u>16S</u> Rge. <u>29E</u>	Is gas actually connected? <input type="checkbox"/> 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.

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 is true and complete to the best of my knowledge and belief.

J.T. Haile
(Signature)
Operator
(Title)
5/30/86
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 27 1986, 19____
BY Original Signed By
Les A. Clements
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.

V. 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 11-15-85	Date Compl. Ready to Prod. 5-17-86		Total Depth 1974'			P.B.T.D. 1972'			
Deviation (DF, RKB, RT, CR, etc.) GL 3640'	Name of Producing Formation Penrose		Top Oil/Gas Pay 1734'			Tubing Depth 1750'			
Perforations 1734, 35, 36, 37, 38, 39, 40, 41, 41, 43, 44, 45, 46.						Depth Casing Shoe 1972'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 5/8"	24#	290'	175 Sxs.
5 1/2"	15.5#	1972'	200 Sxs

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 May 19, 1986	Date of Test May 19, 1986	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hour	Tubing Pressure 201bs	Casing Pressure 351bs	Choke Size no choke
Actual Prod. During Test 80	Oil - Bbls. 80	Water - Bbls. 0	Gas - MCF TSTM

AS WELL

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