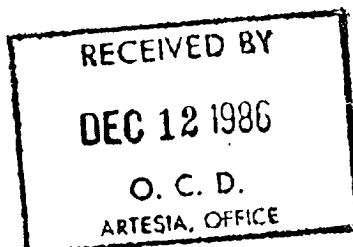


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Paul Hegwer the Hegwer Drilling Co.	
Address	806 Clayton, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinthead 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Powco	2	Empire-Yates-7-Rivers	State, Federal or Fee State	B11538-6
Location				
Unit Letter	B	1620 Feet From The	North Line and	980 Feet From The North
Line of Section	31	Township	17S	Range 28E, NMPM, Eddy 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 Petroleum Co.	Box 159 Hobbs NM 88240	
Name of Authorized Transporter of Casinthead 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	Sec.
	B	31
	Twp.	Rge.
	17S	28E
Is gas actually connected?	When	
		Post ID-2 12-19-86 camp 4 BR

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.

Paul Hegwer
(Signature)
Operator
(Title)
12-9-86
(Date)

OIL CONSERVATION DIVISION
APPROVED DEC 19 1986, 19_____
Original Signed By
BY Las 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 filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 5-12-86	Date Compl. Ready to Prod. 7-15-86		Total Depth 747		P.B.T.D. 734				
Elevations (DF, RKB, RT, GR, etc.) G.L. 3698	Name of Producing Formation EMPIRE-YATES-7-RIVERS		Top Oil/Gas Pay 632		Tubing Depth 730'				
Perforations 632 - 656						Depth Casing Shoe 734'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 8"	CASING & TUBING SIZE 5 1/2 2-3/8		DEPTH SET 734		SACKS CEMENT 250				
	278		730						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Text 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 7-16-86	Date of Test 7-16-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 7 Bbls	Oil - Bbls. 7	Water - Bbls. TSTM	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (8000-10)	Casing Pressure (8000-10)	Choke Size