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

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION RECEIVED

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL 3 1 1991

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION C. D.

	T	OTRA	NS	PORT	OIL	AND NA	TURAL GA	S ARTESIA	, OFFICE			
perator								Well A	PI No.			
HALLWOOD PETROLEUM, INC.							30-015-20860					
Address 'P. O. Box 378111	. Denve	r. Coi	lora	ado 8	023	7						
Reason(s) for Filing (Check proper box)	,						τ (Please expla	iin)				
New Well	(sporter of:		Recompletion is to another zone(s) but is $still$						
Recompletion 🗓						within the same Morrow pool. C-104 is being submitted for test info & allowable data.						
Change in Operator	Casinghead	Gas	Con	densate		submitt	ed for t	est info	o & allo	owable d	ata	
f change of operator give name and address of previous operator												
I. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	Well No. Pool Name, Includin								of Lease No.			
CATCLAW DRAW	9 Catclaw Dra					w Morrow State, i			Federal or Fee NMO29128			
Location	165	0			ν.		. 100	0 -		Wort	. .	
Unit LetterF	:165	<u>U</u>	Feet	From The		OFUN Line	and198	<u>U</u> Fe	et From The	west	Line	
Section 35 Township	215		Ran	ge 25	E	, NI	MPM,	Eddy			County	
III. DESIGNATION OF TRAN	CDADTED	ን ብፑ ብ	TT A	ND NA	TII	RAT. GAS						
Name of Authorized Transporter of Oil		or Conder		X		Address (Giv	e address to wh	ich approved	copy of this f	orm is to be s	ent)	
Navajo Crude Purchasing Co.							P. O. Box 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)						
HALLWOOD Petroleum, In						P. O. Box 378111, Denver, ls gas actually connected? When?				80237		
If well produces oil or liquids, give location of tanks.	Unit	Sec. 35	Twp 21	•	Kge. 5E	Yes	y connected?	i when		29/73	ĺ	
f this production is commingled with that							ber:		<u> </u>			
V. COMPLETION DATA	,			*	sam	e reserv	voir - d	ifferent				
		Oil Well		Gas We	11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		l		<u> X</u>		Total Depth		l	P.B.T.D.	X *		
Date Spudded 05/26/73	Date Compl. Ready to Prod. 05/22/91				10880'			10648'(temp.)				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
GR:3635'; KB:3651'	Morrow				10432	† 			10675'(see attachment)			
Perforations 10432' - 10446', 10468' - 10477', 10488' - 10										th Casing Shoe		
10432' - 10446', 1046	8' - 104	477',	104	188' -	10	CEMENT	NG PECOP	10030	10880'			
1101 E 817F	TUBING, CASING AND (DEPTH SET				SACKS CEMENT			
no change in casing	ONORRA A TODINO DIZE											
no change za a a a								ļ				
see attached tubing d	agram											
THE PARTY AND PROJECT	T FOD A	LLOW	ARI	T .								
V. TEST DATA AND REQUES OIL WELL (Test mast be after t	SI FUR A	al volume	of lo	ad oil and	must	be equal to or	exceed top all	owable for the	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Tes		3,			Producing M	ethod (Flow, pr	ump, gas lift,	elc.)			
							,		Choke Size			
Length of Test	Tubing Pres	Tubing Pressure					ure		Choke Size			
	Oil - Bbls.				Water - Bbls			Gas- MCF	Gas- MCF			
Actual Prod. During Test												
GAS WELL	<u> </u>											
Actual Prod. Test - MCF/D	Length of Test				1	nsate/MMCF		Gravity of Condensate				
5309	24 hrs				2.6			50 Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	19/64"			
Back pressure	2700#SITP; 2280# FTP				\ 	0		1	19/04			
VI. OPERATOR CERTIFIC	CATE OF	COM	PLI.	ANCE			OIL CO	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and regu	lations of the	Oil Conse	rvatio ven al	on bove							:	
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 AUG 1 6 1991						
/ . // .							Date Approved					
In Order						ORIGINAL SIGNED BY By						
Signature Eva Kardas, Production Analyst						SUPERVISOR, DISTRICT II						
Printed Name			Tit	le	_	Title						
7/30/91	(30)3) 85 Te	0-6	0282 ne No.	—							
Date		1.0	.cpso									

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.