

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

RECEIVED

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS JUL 12 '90

I. Operator: Hallwood Petroleum, Inc. Well API No. AR 38-015-20371 20383
Address: P.O. Box 378111, Denver, CO 80237
Reason(s) for Filing (Check proper box):
New Well ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas ☐ Company changed name from Quinoco Petroleum, Inc.
Recompletion ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator: Quinoco Petroleum, Inc., P.O. Box 378111, Denver, CO 80237

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Catclaw Draw Well No. 1Y Pool Name, including Formation: Catclaw Draw Morrow Kind of Lease: State, Federal or Fee Lease No. K 32681
Location: Unit Letter F : 1986 Feet From The North Line and 2310 Feet From The West Line
Section 26 Township 21S Range 25E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent): P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent): P.O. Box 378111, Denver, CO 80237
If well produces oil or liquids, give location of tanks: Unit F Sec. 26 Twp. 21S Rge. 25E Is gas actually connected? Yes When? 8/8/72

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	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 CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3 8-10-90 chy op

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank: Date of Test: Producing Method (Flow, pump, gas lift, etc.):
Length of Test: Tubing Pressure: Casing Pressure: Choke Size:
Actual Prod. During Test: Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL

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

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

Signature: Holly S. Richardson Sr. Ops. Eng. Tech.
Printed Name: Holly S. Richardson Sr. Ops. Eng. Tech.
Date: 6/26/90 Telephone No.: (303) 850-6322

OIL CONSERVATION DIVISION

Date Approved: AUG 10 1990
By: ORIGINAL SIGNED BY MIKE WILLIAMS
Title: SUPERVISOR, DISTRICT II

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.