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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 14 1982

O. C. D.  
ARTESIA, OFFICE

Mabel E. Hale, Conservatorship

Address: P.O. Box 5291, Hobbs, New Mexico 88241

Person(s) for filing (Check proper box)

Well ☐ Completion ☐ Change in Ownership ☒

Change in Transporter of:

Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐

Other (Please explain):

Change of ownership give name and address of previous owner: Elwyn C. Hale, 251 Kearney Room 403, San Francisco, Ca. 94108

DESCRIPTION OF WELL AND LEASE

Well Name: Hale Federal

Well No.: 2

Pool Name, Including Formation: Dos Hermanos Morrow

Kind of Lease: Federal

Lease No.: LC-06361

Unit Letter: K

Line of Section: 22

Township: 20 S

Range: 30 E

Feet From The: 1650 south

Line and: 1800

Feet From The: west

County: Eddy

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: The Permian Corporation

Name of Authorized Transporter of Casinghead Gas: Gas Company of New Mexico

Address (Give address to which approved copy of this form is to be sent): P.O. Box 23, Hobbs, New Mexico 77001

Address (Give address to which approved copy of this form is to be sent): 1st St, Hobbs, New Mexico 77001

Is gas actually connected? yes

When: 2-8-73

Unit: K

Sec.: 22

Twp.: 20 S

Rge.: 30 E

Completion Data

Designate Type of Completion - (X): Oil Well

Date Spudded:

Date Compl. Ready to Prod:

Name of Producing Formation:

Top Oil/Gas Pay:

Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks:

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 (pilot, back pr.):

Tubing Pressure (Shut-in):

Casing Pressure (Shut-in):

Choke Size:

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.

CONSERVATORSHIP OF MABEL E. HALE

Steve Collins

Agent

June 3, 1982

OIL CONSERVATION DIVISION

JUN 14 1982

APPROVED: W. A. Gressett

BY: SUPERVISOR, DISTRICT II

TITLE:

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filled out for each pool in multi-completed wells.