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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

MAR 01 1993

O. C. D.

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator HALLWOOD PETROLEUM, INC.		Well API No. 30-015-20681
Address P. O. Box 378111, Denver, Colorado 80237		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Recompletion is to another zone(s) but is still
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	within the same Morrow pool. C-104 is being
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	submitted for test info & allowable data.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Catclaw Draw	Well No. 4	Pool Name, including Formation Catclaw Draw Morrow	Kind of Lease State, Federal or Fee	Lease No. NM 0374057A
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>21S</u> Range <u>25E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Purchasing Co.	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Hallwood Petroleum, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 378111, Denver, Colorado 80237	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24
	Twp. 21S	Rge. 25E
	Is gas actually connected? Yes	When? 10/27/72
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
		X		X		X	X	
Date Spudded 6/21/72	Date Compl. Ready to Prod. 2/15/93 (recompl.)		Total Depth 10,770'		P.B.T.D. 10,515'			
Elevations (DF, RKB, RT, GR, etc.) 3375' GR; 3387' KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,454'		Tubing Depth 10,370'			
Perforations 10454-10474', 10486-10494', 10498-10508'					Depth Casing Shoe 10,770'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17.5"	13 3/8"	65#	380'		350			
12 1/4" x 11 3/4"	8 5/8"	24#	1905'		955			
7 7/8"	5 1/2"	17 x 20#	10770'		300 primary, 300 squeeze			
-	2 3/8"	4.7#	10370'		N/A			

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 2784 MCFD	Length of Test 24 hrs	Bbls. Condensate/MMCF 0 BC	Gravity of Condensate N/A
Testing Method (pilot, back pr.) 600# back pressure	Tubing Pressure (Shut-in) 3400# SI 2400# FTP	Casing Pressure (Shut-in) 0#	Choke Size 15/64-inch

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 Eva Kardas Production Technician
Printed Name Eva Kardas Title
Date 2/24/93 Telephone No. (303) 850-6282

OIL CONSERVATION DIVISION

Date Approved MAR 10 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.