

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

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

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

JUL 12 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: Hallwood Petroleum, Inc. Well API No. 30-015-20714

Address: P.O. Box 378111, Denver, CO 80237

Reason(s) for Filing (Check proper box) Operator (Please explain)

New Well Change in Transporter of: Oil Dry Gas Company changed name from Quinoco Petroleum, Inc.

Recompletion Casinghead Gas Condensate

Change in Operator

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. 5 Pool Name, including Formation: Catclaw Draw Morrow Kind of Lease: State Federal or Fee: State Lease No. NM 0374057A

Location: Unit Letter G : 1650 Feet From The North Line and 1980 Feet From The East Line

Section 25 Township 21S Range 25E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate 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 or Dry Gas Hallwood Petroleum, Inc. 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 G Sec. 25 Twp. 21S Rge. 25E is gas actually connected? Yes When? 12/9/72

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Spudout: _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.E.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
			<u>Part ID-3</u> <u>8-10-90</u> <u>chj ep</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of total 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 (puol, 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.

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

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) Submit 5 copies to appropriate district office.