

Submit 5 Copies
Appropriate Land Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

Form C-104
Revised 1-1-89
See instructions
at bottom of page

JUL 12 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

I. Operator		Well API No.
Hallwood Petroleum, Inc.		30-015-21517
Address		
P.O. Box 378111, Denver, CO 80237		
Reason(s) for Filing (Check proper box)		
☐ New Well	☐ Change in Transporter of:	☒ Other (Please explain)
☐ Recompletion	Oil ☐ Dry Gas ☐	Company changed name from Quinoco
☐ Change in Operator	Casinghead Gas ☐ Condensate ☐	Petroleum, Inc.
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	Well No. (Pool Name, including Formation)	Kind of Lease	Lease No.
Catclaw Draw	11 Catclaw Draw Morrow	State Federal or Fee	K 5035
Location			
Unit Letter	L	1915 Feet From The	South Line and 330 Feet From The West Line
Section	36	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)				
Navajo Refining Co.		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)				
Gas Company of New Mexico		P.O. Box 26400, Albuquerque, NM 87125				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	L	36	21S	25E	Yes	1/2/76
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 Comp. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKE, 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 (puck, back pr.)	Tubing Pressure (Swell-in)	Casing Pressure (Swell-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) Section Form C-104 must be filed separately with the transporter.