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DISTRICT 1
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## State of New Mexico nergy, Minerals and Natural Resources Depar at

Form C-104 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 3 1 1994

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		1 17 17 17	<u> </u>			Well A	JPI No.			
HALLWOOD PETROLEUM	TNC					30	-015-2157	3		
rett										
P. O. Box 378111,	Denver, CO	802	37		r (Please expla	ie)				
son(s) for Filing (Check proper box)			unsporter of:_		-			c /= ·	2.4	
v Well	Oil		ry Gas	] Tra	nsporter	change	effective	= 2/1/9	94	
ompletion $\square$	Casinghead Gas		ondensate	- 3						
ange in Operator Lange of operator give name	Catalgliese Cas	<u>~</u>								
righters of bisacions observed. ———									,	
DESCRIPTION OF WELL	AND LEASE						67	1.	ase No.	
se Name	Well	No. Po	ol Name, Inc	uding Formation		Crate	of Lease Federal or Fee	K 4		
cotillo Hills	2		Avalon N	'DITOW				J		
ation	. 2310		_	North Lin	. 198	0 =	et From The	East	Line	
Unit LetterG	_::	F	ect From The	THOT CLL LIB	s and		er Lioni ine			
Section 21 Townshi	<b>21</b> S	R	ange 261	<u>.</u> N	MPM,	Eddy			County	
								٠		
DESIGNATION OF TRAN	SPORTER O	F OIL	AND NAT	TURAL GAS	e address to wi	ich anaroved	copy of this form	is 10 be se	nt)	
ne of Authorized Transporter of Oil	□ or C	ondensat		Admices (O.			ne. TX 79		-	
RIDE PIPELINE CO.	obead Gas		Dry Gas	Address (Gir	e address to wi	rich approved	copy of this form	ı is to be se	nt)	
me of Authorized Transporter of Casinghead Gas or Dry Gas X				P. O.	Box 1124	and, TX 79702				
vell produces oil or liquids,	Unit Sec. Twp. Rge.			ge. Is gas actual	1 -			? 12/10/75		
location of tanks.	G	21	21SI 26				12/1	0/ /5		
is production is commingled with that	from any other lea	se or po	ol, give comm	ingling order num	ber:	··· · · · · · · · · · · · · · · · · ·				
COMPLETION DATA			Gas Well		Workover	Deepen	Plug Back Sa	me Res'v	Diff Resv	
Designate Type of Completion		Well	Car wer	New West		244			.j	
	Date Compl. Re	dy to P	rod.	Total Depth	<u> </u>		P.B.T.D.			
le Spudded	•	•								
vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
							Depth Casing	Shoe		
forations										
	TUB	NG C	'ASING A	ND CEMENT	NG RECOR	ש				
HOLE SIZE			ING SIZE		DEPTH SET	·		CKS CEM		
HOLE GILL							121	II)-	}	
							7/1	<u> </u>	NAC	
							- And	<del></del>	711	
THE PART AND DEOLE	ST FOR ALL	OW A I	RLE							
TEST DATA AND REQUE L WELL (Test must be after	SI FOR ALL	olume of	load oil and i	nust be equal to d	r exceed top all	lowable for th	is depth or be for	full 24 hos	ers.)	
L WELL (Test must be after te First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	ump, gas lift,	esc.)			
TREINGRAM ON THE . A							Choke Size			
ength of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Calone Grav		
					Water - Bbis.			Gas- MCF		
ctual Prod. During Test	Oil - Bbls.			** made - 1301						
Man Flor Daving	1				<del>*</del>					
							-,			
AS WELL	I ength of Test			Bbis. Cond	neate/MMCF		Gravity of Co	odensate		
AS WELL	Length of Test							ndensate		
AS WELL ctual Prod. Test - MCF/D	Length of Test	e (Shut-i	n)		sure (Shut-in)		Choke Size	ndensate	<del></del>	
AS WELL ctual Prod. Test - MCF/D		e (Shut-i	n)					ndensale	-	
AS WELL crual Prod. Test - MCF/D sting Method (pitot, back pr.)	Tubing Pressure				sure (Shut-in)	NCED\	Choke Size			
SAS WELL crual Prod. Test - MCF/D sting Method (pitot, back pr.)  I. OPERATOR CERTIFIC	Tubing Pressure  CATE OF Constants of the Oil	OMPI Conserv	LIANCE		sure (Shut-in)	NSERV			ON	
AS WELL crual Prod. Test - MCF/D sting Method (pitot, back pr.)  I. OPERATOR CERTIFIC  1 hereby certify that the rules and reg	Tubing Pressure  CATE OF Corulations of the Oil and that the information	OMPI Conservi	LIANCE	Casing Pres	eure (Shut-in)	F!	Choke Size	OIVISIO	ON	
SAS WELL crual Prod. Test - MCF/D sting Method (pitot, back pr.)  T. OPERATOR CERTIFIC	Tubing Pressure  CATE OF Corulations of the Oil and that the information	OMPI Conservi	LIANCE	Casing Pres	sure (Shut-in)	F!	Choke Size	OIVISIO	NC	
SAS WELL crual Prod. Test - MCF/D sting Method (pitot, back pr.)  I. OPERATOR CERTIFIC  1 hereby certify that the rules and reg Division have been complied with an	Tubing Pressure  CATE OF Corulations of the Oil and that the information	OMPI Conservi	LIANCE	Casing Pres	OIL CO	ed F	Choke Size  /ATION E  EB - 1 19	OIVISIO	ON	
sting Method (pitot, back pr.)  I. OPERATOR CERTIFIC  Thereby certify that the rules and reg  Division have been complied with an  is true and complete to the best of m	Tubing Pressure  CATE OF Corulations of the Oil and that the information	OMPI Conservi	LIANCE	Casing Pres	OIL CO	ed F	Choke Size  /ATION E  EB - 1 19	OIVISIO	ON	
AS WELL  citial Prod. Test - MCF/D  sting Method (pitot, back pr.)  I. OPERATOR CERTIFIC  1 hereby certify that the rules and rest Division have been complied with an is true and complete to the best of m	Tubing Pressure  CATE OF Corulations of the Oil and that the information	OMPI Conservi	LIANCE ation n above	Casing Pres	OIL CO	ed F	Choke Size  /ATION E  EB - 1 19	OIVISIO	NC	
SAS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.)  I. OPERATOR CERTIFIC  1 hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	Tubing Pressure CATE OF Constitutions of the Oil and that the informatical provided and be constituted as a constitution of the Oil and the Catalogue and th	OMPI Conservion gives elief.	LIANCE	Casing Pres	OIL CO	ed F	Choke Size  /ATION E  EB - 1 19	OIVISIO	ON	

- 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.