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Appropriate District 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-10M
Revised 1-1-89
See instructions
at bottom of page

JUL 12 '90

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hallwood Petroleum, Inc.		Well API No. 30-015-23203
Address P.O. Box 378111, Denver, CO 80237		
Reason(s) for Filing (Check proper box) ☒ Other (Please explain)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Company changed name from Quinoco Petroleum, Inc.
Recompletion ☐		
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. 13	Pool Name, including Formation Catclaw Draw Morrow	Kind of Lease ☒ State, ☐ Federal or ☐ Fee	Lease No. NM2672
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>21S</u> Range <u>25E</u> , <u>NMPM</u> 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 Crude Purchasing 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) Hallwood Petroleum, Inc. P.O. Box 378111, Denver, CO 80237
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>26</u> Twp. <u>21S</u> Rge. <u>25E</u> is gas actually connected? <u>Yes</u> When? <u>8/25/80</u>

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 Spudout	Date Compl. Ready to Prod.		Total Depth			P.E.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
			<u>Part ID-3</u> <u>8-10-98</u> <u>shg ap</u>

TEST DATA AND REQUEST FOR ALLOWABLE

L WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed 100 allowable for this depth or be for full 24 hours.)

1st First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2nd Date of Test	Tubing Pressure	Casing Pressure	Choke Size
3rd Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

G WELL

1st Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2nd Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Walter S. Richardson
By Walter S. Richardson Sr. Ops. Eng. Tech.
Name Walter S. Richardson Title Sr. Ops. Eng. Tech.
Date 8/90 Telephone No. (303) 850-6322

OIL CONSERVATION DIVISION

Date Approved AUG 1 1990

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.

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.