

## OIL CONSERVATION DIVISION

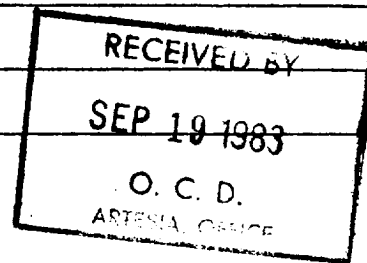
P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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| FILE                   | <input checked="" type="checkbox"/> |
| U.S.G.S.               |                                     |
| LAND OFFICE            |                                     |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OIL                    | <input checked="" type="checkbox"/> |
| GAS                    | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE      | <input checked="" type="checkbox"/> |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |   |
|--|---|
| Operator<br>HCW Exploration, Inc. ✓              |   |
| Address<br>P.O. Box 10585 Midland, Texas 79702   |   |
| Reason(s) for filing (Check proper box)          | Other (Please explain)  |
| New Well <input type="checkbox"/>                | Change in Transporter of:   |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Ownership <input type="checkbox"/>     | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## 2. DESCRIPTION OF WELL AND LEASE 10/25/84 R-7708

|   |               |  |  |           |
|---|---------------|--|--|-----------|
| Lease Name<br>Ann Com   | Well No.<br>1 | Pool Name, Including Formation<br>Bone Springs, <del>Wildcat</del> MALAGA. | Kind of Lease<br>State, Federal or Fee Fee | Lease No. |
| Location<br>Unit Letter <u>G</u> : <u>1655</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u><br>Line of Section <u>15</u> Township <u>24-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County |               |  |  |           |

## 3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Lantern Petroleum Corp. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2281 Midland, Texas 79702 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                               | Address (Give address to which approved copy of this form is to be sent)                                       |
| If well produces oil or liquids,<br>give location of tanks.   | Unit Sec. Twp. Rge.<br>G 15 24-S 28-E  |
| Is gas actually connected?  | When   |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## COMPLETION DATA

|  |  |                                   |                                   |                                   |                                 |   |                                      |  |
|--|--|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|---|--------------------------------------|--|
| Designate Type of Completion - (X)             | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input checked="" type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded<br>11-5-79                        | Date Compl. Ready to Prod.<br>8-15-83        | Total Depth<br>12710'             | P.B.T.D.<br>6649'                 |                                   |                                 |   |                                      |  |
| Elevations (DF, RKB, RT, GR, etc.)<br>3022 RKB | Name of Producing Formation<br>Bone Springs  | Top Oil/Gas Pay<br>6284'          | Tubing Depth<br>6239'             |                                   |                                 |   |                                      |  |
| Perforations<br>6284-6365'                     | Depth Casing Shoe                            |                                   |                                   |                                   |                                 |   |                                      |  |

## TUBING, CASING, AND CEMENTING RECORD

|                |                      |           |              |
|----------------|----------------------|-----------|--------------|
| HOLE SIZE      | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| SEE FORM C-105 |                      |           |              |

## 4. 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 Tanks<br>8-15-83 | Date of Test<br>9-7-83   | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                   |
| Length of Test<br>24 hrs                   | Tubing Pressure<br>0 psi | Casing Pressure<br>0 psi                                 | Choke Size<br>--  |
| Actual Prod. During Test                   | Oil - Bbls.<br>46        | Water - Bbls.<br>59                                      | Gas - MCF<br>TSTM |

## GAS WELL

|                                   |                           |                           |                       |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D           | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pistol, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## I. 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.

*C. J. [Signature]*  
(Signature)

Drilling/Production Engineer  
(Title)9-8-83  
(Date)

## OIL CONSERVATION DIVISION

APPROVED SEP 19 1983, 19

Original Signed By

BY Leslie A. Clements

Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.