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DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 NOV 21 '90

Kevised 1-1-89
See instructions
at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	DECLIECT	- A -	LOWAR	1 E A NID A		ZATIONI (	5, C. Q.			
Ι.	REQUEST F	ANSPC	JET UII TOMAR	AND NAT	CURAL GA	LATION (	ESIA OFFIC	Ē		
Operator	1011	. 11 401	JI TOIL	71112 1171	J. IAL OF	Well A				
Hallwood Petroleu	m, Inc.					30-0	15-2334	0		
Address										
P. O. Box 378111,	Denver, Co	80237			······					
Reason(s) for Filing (Check proper box)				Othe	t (Piease expid	zin)				
New Well	Change	in Transpor								
Recompletion X	Oil	Dry Gas								
Change in Operator	Casinghead Gas	Conden	sate 📗							
If change of operator give name and address of previous operator				1						
II. DESCRIPTION OF WELL			LIDYII	V9 DE	elawar	ر ج		<del></del>		
Lease Name Cassidy Com	Well No			rth Brus		Kind o	Lease rederal on Fee	<u> </u>	.ease No.	
Location		1 -130	VIIIE NO	Ten brus	ony carry	on [				
Unit LetterE	1980	Feet Fr	om The No	rth Line	and 66	0Fee	et From The _	West	Line	
	220								_	
Section 29 Towns	nip 23S	Range	28E	, NI	MPM,	Eddy			County	
III. DESIGNATION OF TRA	NSPORTER OF	OIL AN	D NATIII	RAL GAS		SCURLOCK	PERMIAN C	ORP EFF 9	·1·91	
Name of Authorized Transporter of Oil	or Conc				e address 10 w	hich approved	copy of this fo	orm is to be s	reni)	
Permian Oil Corp.	<u></u>			P.O. Bo	ox 1183,	Houston	, <u>T</u> X 7	7001		
Name of Authorized Transporter of Casi		or Dry	Gas			hich approved			seni)	
El Paso Natural Gas	Company					El Paso		9978	······································	
If well produces oil or liquids,	Unit Sec.	Twp.	· ·	is gas actuali		When		, DA		
give location of tanks.	E 29	<u> 123s</u>	128E	<del> , , , </del>	<u>u</u>		2-23	-80		
If this production is commingled with the	t from any other lease	or pool, giv	ve comming!	ing order aum	ber:		<del></del>			
IV. COMPLETION DATA	loii w	ell   4	Gas Well	New Well	Workover	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)   X	:	See WEll	I HEM ME!	WORLDVET	Decken	X X			
Date Spended Started	Date Compl. Ready			Total Depth	J		P.B.T.D.			
10/4/90	10/26/90			12,	,750 <b>'</b>		12	,070'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			th		
3,114.6' RKB	Brushy Ca	nyon			5,938'			6.016'		
renorations					-		Depth Casir			
5,938 - 5,972'	w/ 4 JSPF									
	TUBIN	G. CASI	NG AND	CEMENTI	NG RECO	RD				
HOLE SIZE	CASING &		SIZE		DEPTH SE	T		SACKS CE		
20"	1	6"			400'		1	750 <i>-                                   </i>	of IV-	
14 - 3/4"	10 -	3/4"			2,410'		2	175	12-7-9	
9 - 7/8"	7 - 5/8"			9.670'				530	PHA M	
6 - 1/2"	5 - 1/2	" line	er	TOL: 9.2		M: 12.75	0	500 🕜	imp De	
V. TEST DATA AND REQUI	EST FOR ALLO	WABLE							,	
<del></del>	recovery of total volu-	ne of load	oil and must					for full 24 h	ours.)	
Date First New Oil Run To Tank	Date of Test			Producing M	fethod (Flow, )	pump, gas lift,	elc.)			
10/26/90		6/90			IMP		100 61			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
24 hours	150						10- 10-			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF 75		
<u>-</u>	40	)			110			/ 5		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbis. Conde	nsate/MMCF		Gravity of	Condensate		
			·							
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
			·		··			···		
VI. OPERATOR CERTIFI	CATE OF COM	/PLIA	NCE		011 00	NICED!	/ATION!	חווופ	ION	
I hereby certify that the rules and reg					OIL CO	NSERV	AHON	2ואוח	ION	
Division have been complied with a			/e				MOV	2 / 4///	n	
is true and complete to the best of m	y knowledge and belie	1.		Dat	e Approv	/ed	MUV	3 0 199	<u>y</u>	
4/	1 ·									
Melly D. D	chardse	<u>ر م</u>		Ry	ΩP	IGINIAL SH	GNED BY			
Signature Holly Richardson Sr. Ops. Eng. Tech.				Dy -	By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name	vii .	Title		77:41	CU	PERVISOR		7 IF		
11/02/90	(303) 8		2	Title	=		,			
Date		Telephone	No.	-		1.6		. •		

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.