

Submit 5 Copies  
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

RECEIVED

JUL 12 '90

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

clsf  
bT  
GT  
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

I. Operator		Well API No.
Hallwood Petroleum, Inc.		30-015-23986
Address		
P.O. Box 378111, Denver, CO 80237		
Reason(s) for Filing (Check proper box)		
<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Change in Transporter of:	<input checked="" type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Company name changed from Quinoco
<input type="checkbox"/> Change in Operator	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Petroleum, Inc. effective 6/1/90
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.
Kelly 5 Com	1	Loving North Atoka	State, Federal or <input checked="" type="radio"/> Fee	
Location				
Unit Letter	B	660	Feet From The North	Line and 1980
Section	5	Township	23S	Range 28E, NMPM, Eddy
County				

SCURLOCK PERMIAN CORP EFF 9-1-91

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Oil Corporation		P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Llano, Inc.		P.O. Box 1320, Hobbs, NM 88241
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	B	5
	23S	28E
Is gas actually connected?	When?	
Yes	3/16/82	

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 Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, 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
			shg 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 (pucc, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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  
Date  
(303) 850-6322  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 10 1990  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II  
Title

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.