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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

JAN 14 '91

O. C. D.
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hallwood Petroleum, Inc.	Well API No. 30-015-24292
Address P. O. Box 378111, Denver, CO 80237	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE		Pierce Crossing		
Lease Name Queen Lake 19 Federal	Well No. 1	Pool Name, Including Formation Undesignated Bone Springs	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM 17224
Location				
Unit Letter G	: 1950	Feet From The North	Line and 1980	Feet From The East
Section 19	Township 24S	Range 29E	NMPM,	Eddy
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					SCURLOCK PERMIAN CORP EFF 9-1-91	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
Permian Oil Corporation			P. O. Box 1183, Houston, 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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 G	Sec. 19	Twp. 24S	Rge. 29E	Is gas actually connected? Yes	When? 7/25/81
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 <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 Started 12/15/90	Date Compl. Ready to Prod. 12/18/90		
Total Depth 13,500'	P.B.T.D. 9,715'		
Elevations (DF, RKB, RT, GR, etc.) 2,956' GR	Name of Producing Formation Bone Springs		
Tor Oil/Gas Pay 8,856'	Tubing Depth 8,780'		
Perforations 8856-8910	Depth Casing Shoe -		
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 - 1/2"	13 - 3/8"	530'	300 HLC & 510 Class "C"
12 - 1/4"	9 - 5/8"	2,630'	900 HLC & 990 Class "C"
8 - 1/2"	7"	11,190'	750 HLC & 525 Class "C"
6 - 1/8"	4 - 1/2" Liner	13,500', TOL: 10,987'	400 sx Class "H"

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 12/18/90	Date of Test 12/18/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 600#	Casing Pressure 700# S.I.	Choke Size 1-18-96
Actual Prod. During Test	Oil - Bbls. 77	Water - Bbls. 23	Gas - MCF 100

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.	
Signature Holly S. Richardson Sr. Ops. Eng. Tech.	Title
1/9/91	(303)850-6322
Date	Telephone No.

OIL CONSERVATION DIVISION	
JAN 17 1991	
Date Approved	
By	ORIGINAL SIGNED BY MIKE WILLIAMS
Title	SUPERVISOR, DISTRICT II

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.