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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

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

AUG 27 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hallwood Petroleum, Inc.		Well API No. 30-015-24922
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

Lease Name Craft 25 Com	Well No. 1	Pool Name, Including Formation Undesignated Bone Springs	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>E</u> Line Section <u>25</u> Township <u>24S</u> Range <u>28E</u> , 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) P.O. Box 1183, Houston, TX 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) P.O. Box 1320, Hobbs, NM 88241					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. <u>24</u> 25	Twp. 25S	Rge. 28E	Is gas actually connected? Yes	When? 12/27/84 8/9/90

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded Started 7/23/90	Date Compl. Ready to Prod. 8/9/90	Total Depth 12,116'		P.B.T.D. 11,650'				
Elevations (DF, RKB, RT, GR, etc.) 2,917' GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8,696'		Tubing Depth 8,612'				
Perforations 4-1/2" CIBP @ 11,930' w/50' cmt, 4-1/2" CIBP @ 11,700 w/50' cmt on top, perf'd 8,696-718', 8,768-784', w/4 JSPF 0.50" dia.		Depth Casing Shoe -						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"	553'		535 SXS				
12-1/4"	9-5/8"	2,527'		1,275 SXS				
8-1/2"	7"	11,448'		950 SXS				

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 8/9/90	Date of Test 8/14/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 450#	Casing Pressure SI 900#	Choke Size 16/64" <u>1 1/2</u>
Actual Prod. During Test	Oil - Bbls. 72	Water - Bbls. 8	Gas - MCF 300

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.

Holly S. Richardson
Signature
Holly S. Richardson Sr. Eng. Tech.
Printed Name
8/16/90
Date
(303) 850-6322
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 3 1990**

By ORIGINAL SIGNED BY
MIKE WILLIAMS
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.