Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 JAN 3 1 1961

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTR	ANS	SPORT OF	L AND NA	TURAL C					
Operator HALLWOOD PETROLEUM, INC.								Well API No. 30-015-25812			
Address P. O. Box 378111,	Denver	. 00 8	3023	7							
Reason(s) for Filing (Check proper box)		,			Ou	set (Please exp	vlain)		· · · · · · · · · · · · · · · · · · ·		
New Well		Change i	in Tran	sporter of:					. 0.1		
Recompletion	Oii] Dry	Gas 📙	Tra	insporte	r change	e effect	ive 2/1/	94	
Change in Operator	Casinghea	id Gas	Con	densate 🛚 🗓							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.	Poo	l Name, Includ	ing Formation	·····	Kind	of Lease	1	ease No.	
Harkey 35 State		7	1	Sulphate	_	1 farm	Since	Federal or Fe	• V-	1578	
Location		<u> </u>		orribuerre.		·confr				~	
Unit LetterJ	_ :2	180	_ Feet	From The	South Lin	e and198	<u>80 </u>	eet From The	East	Line	
Section 35 Township 24S Range 27E , NMPM, Eddy County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
PRIDE PIPELINE CO.	Box 2436	436. Abilene, TX 79604									
Name of Authorized Transporter of Casing	1			copy of this form is to be sent)							
LLANO, INC.					P. O. Box 1320, H). Hobbs	bbs, NM 88240			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	. Rge.	ls gas actuall	y connected?	When	7			
If this production is commingled with that	from any oth	er lease or	pool.	give comming	ing order num	ber:					
IV. COMPLETION DATA	,		F					•		-	
		Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i		Ì	1	i	i	<u>.</u>	'	
Date Spudded	Date Comp	l. Ready ti	o Prod	•	Total Depth		·*	P.B.T.D.	<u> </u>		
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casin	g Shoe		
								<u> </u>			
				SING AND	CEMENTI	-					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SAÇKS CEMENT		
								1 Pm	Post ID-3		
								3-11-94			
								chy LT: EEC			
				n	L			<u> </u>	<u> </u>		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E			27 . 6 41		· 6.11 24 b	1	
OIL WELL (Test must be after re			of load	d oil and must					OF JULI 24 HOLE	3.)	
Date First New Oil Run To Tank	Date of Test	ŧ			Producing Me	thod (Flow, p	emp, gas iyi, d	uc.)		1	
								Choke Size	Choke Size		
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			1		
					Water - Bbis.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				WEC: - DOIE						
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	mte/MMCF		Gravity of C	Gravity of Condensate		
								O ale E			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COM	T T A	NCE						 J	
					OIL CONSERVATION DIVISION						
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.					Date Approved FEB - 1 1994						
M O A					Date Approved FEB - 1 1994						
Mary Carlo											
Signature						- By					
Mary Earle, Marketing		Title SUPERVISOR DISTRICT IF									
Printed Name Title						Title					
1/25/94	3										
Date		Tele	phone	NO.	<u> </u>						

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.