

SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-105 Effective 1-1-81	
FILE		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR		/			
PROBATION OFFICE		/			
Operator HCW Exploration, Inc. /					
Address Box 10585 Midland, Texas 79702					
Reason(s) for filing (Check proper box)			Other (Please explain)		
New Well <input checked="" type="checkbox"/>			600 Bbls testing allowable for interval 6412-7165 7890		
Recompletion <input type="checkbox"/>			Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name Dorstate		Well No. 1		Pool Name, including Formation Wildcat Bone Spring	
Kind of Lease State, Federal or Fee		State		Lease No. L-5369	
Location					
Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East					
Line of Section 27 Township 25-S Range 28-E , NMFM, Eddy County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company			Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia, N. M. 88210		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.		Unit H	Sec. 27	Twp. 25	Rge. 28
		Is gas actually connected?		When	
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
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	
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 Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MCF	
Grav. of Condensate		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
Testing Method (pilot, back pr.)				Choke Size	
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED JUL 10 1981					
BY W. A. Gressitt					
TITLE SUPERVISOR, DISTRICT II					
This form is to be filed in compliance with RULE 1104.					
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the available tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for allowable on new and recompleted wells.					
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.					