

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501 APR 5 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

QUANAH PETROLEUM, INC./

Address 14800 Quorum Drive, Suite 500, Dallas, Texas 75240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name HAY, FEDERAL	Well No. 1	Pool Name, Including Formation WILDCAT (BONE SPRINGS)	Kind of Lease FEDERAL State, Federal or Fee	NM 04766 85 b
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u>				
Line of Section <u>13</u> Township <u>26S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS NEGOTIATING FOR GAS CONTRACT

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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	Sec.
	Twp.	Rge.
	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	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-7-81	Date Compl. Ready to Prod. 3-18-82		Total Depth 7665'		P.B.T.D. 7597'			
Elevations (DF, RKB, RT, GR, etc.) 3171.0 GR	Name of Producing Formation BONE SPRINGS		Top Oil/Gas Pay 6870'		Tubing Depth ---			
Perforations 7558'-6871'					Depth Casing Shoe 7663'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	12-3/4"	526'	275
11"	8-5/8"	2420'	1000
	5-1/2"	7665'	1190

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1700	Length of Test 24 hours	Bbls. Condensate/MMCF 100.96	Gravity of Condensate 50.5 @ 60
Testing Method (Pilot, back pr.) Flowing	Tubing Pressure (Shut-in) ----	Casing Pressure (Shut-in) 1900	Choke Size 32/64

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)

ENGINEERING TECHNICIAN

MARCH 31, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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 deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter or other such change of condition.Separate Forms C-104 must be filed for each pool in multiply
complected wells.