

P. O. BOX 2088

JUN 1 1982 SANTA FE, NEW MEXICO 87501

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

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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"/>	XXXX ADDING	Other (Please explain)
Recompletion	<input type="checkbox"/>	XXXX In-transporter of:	
Change in Ownership	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <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 HAY A FEDERAL	Well No. 1	Pool Name, including Formation WILDCAT (BONE SPRINGS)	Kind of Lease State, Federal or Fed FEDERAL	Lease No. NM047668
Location Unit Letter <u>D A</u> : 660 Feet From The <u>north</u> Line and 660 Feet From The <u>west</u> Line of Section <u>13</u> Township <u>26S</u> Range <u>27E</u> , NMPM, <u>EDDY</u> 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 Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Negotiating w/El Paso Nat	Address (Give address to which approved copy of this form is to be sent) 1400 E 1st St, El Paso, TX 79901					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 13	Twp. 26S	Rge. 27E	Is gas actually connected? No	When 12-30-82

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 <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-7-81	Date Compl. Ready to Prod. 3-18-82		Total Depth 7665'		P.B.T.D. 7597'			
Elevations (DF, RAB, 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
	2-7/8"	7558'	pkc at 6793'


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 allow
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-18-82	Date of Test 3-19-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure 1900	Choke Size 32/64"
Actual Prod. During Test	Oil-Bbls. 171.63	Water-Bbls. 411.37	Gas-MCF 1700

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. 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.
LINDA CHAPMAN
(Signature)

ENGINEERING TECHNICIAN

(Title)

MAY 20, 1982

(Date)

OIL CONSERVATION DIVISION

MAR 03 1983

APPROVED _____, 19____

BY _____

Original Signed By

Leslie A. Clements

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 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 conditionSeparate Forms C-104 must be filled for each pool in multiple
compleated wells.