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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at bottom of page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

JUL 16 '90

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

DISTRICT III
1000 Kuo Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hallwood Petroleum, Inc.		Well API No. 30-045-22380
Address P.O. Box 378111, Denver, CO 80237		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
Other (Please explain) Company name changed from Quinoco Petroleum, Inc. effective 6/1/90		
If change of operator give name and address of previous operator Quinoco Petroleum, Inc., P.O. Box 378111, Denver, CO 80237		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 1	Pool Name, including Formation Blanco Mesaverde	Kind of Lease ☒ State ☐ Federal or Fee	Lease No. LG 3876
Location Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>31N</u> Range <u>7W</u> , NMPM, San Juan 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) None					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corp. P.O. Box 8900, Salt Lake City, UT 84108-0899					
If well produces oil or liquids, give location of tanks <u>N/A</u>	Unit	Sec.	Twp.	Rge.	is gas actually connected? Yes	When? 11/15/77

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
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		SACKS CEMENT			

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	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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. Ops. Eng. Tech.
Printed Name
6/26/90
Date
(303) 850-6322
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 10 1990

By [Signature]
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.