Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O TRA	NSF	ORT OIL	AND NA	TURAL GA		El CI			
Uperator Hallwood Petroleum, Inc. 9/12							Well A 30-0	PI No. 145-28894			
Address P. O. Box 378111, Denver, Colorado 80237											
Reason(s) for Filing (Check proper box)		· · · · ·				n (Piease expla	in)				
New Well		Change in	Transp	oner of:		. (7				
Recompletion Dry Gas											
Change in Operator X Casinghead Gas Condensate											
If change of operator give name and address of previous operator Mara	alex Re	source	s,	Inc., P.	O. Box	421, Bla	nco. N	M 87412	-0421	<u></u>	
II. DESCRIPTION OF WELL A	 -		Bool I	Nama Inglisti	- Famulia		Vind o	(1,,,,,		ase No.	
Lease Name SHIOTANI 12842 Well No. Pool Name, including Formation Basin Fruitland Coal 7/29 Kind of Lease State, Federal of Fee											
Location	1.5	20					70				
Unit Letter K : 1530 Feet From The South Line and 1472 Feet From The West Line											
Section 32 Township 30N Range 12W , NMPM, San Juan County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil or Condensate N/A 2 May 2806555						N/A					
Name of Authorized Transporter of Casinghead Gas or Dry Gas [XX]						Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co. 2806554						P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids,					le gae actuall		When	=			
give location of tanks.	K	32	<u> 30</u>		Yes				1/5/93		
If this production is commingled with that for IV. COMPLETION DATA	rom any othe	er lease or	pool, g	give commingl	ing order num	ber:	N/A				
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	d. Ready to	Prod.	X	X Total Depth	<u> </u>	l	P.B.T.D.	<u></u>		
12-30-92	4-6-93				1660'			1622'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation				Top Oil Gas Pay			Tubing Depth			
5408' GL	Fruitland Coal				1415'	1415'			1468'		
Perforations								Depth Casing Shoe			
1415'-1458' .45" 4 JSPF								1658'	1658'		
	Ţ	UBÌNG,	CAS	ING AND	CEMENTI	NG RECOR	D .				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8	8 5/8" 24#				180'			200 sx Class B w/3% CaCl H45 sx Class B w/3% CaCl		
				- 0	1						
7 7/8"	5 1/2" 15.5#				1658'			165 sx Pacesetter Lite +100 sx Class B w/1% CF-			
V. TEST DATA AND REQUEST FOR ALLOWABLE 4% Thrift											
OIL WELL Grand must be given	I FUR A	Val veryme	alla	C. d oil and mus	t he equal to a	r exceed top all	owable for th	is depth or be	for full 24 hou	ະ ທາ.) ູ່ _{ຄະເ} ຸງໜຸ	
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 Press	sure		Choke auze			
Length of Tex	Tuoing Pressure			•			West Confidence of the Confide				
Actual Prod. During Test	l Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL	,										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
40	24 hr			0			- A	Choke Size			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	- /		
Back pressure	50#				90#			3/4 inch			
VI. OPERATOR CERTIFIC	ATE OF	F COM	PLL	ANCE	12-9	3	NCED\	/ATION	DIVISI	ΩNI	
I hereby certify that the rules and regulations of the Oil Conservation									*		
Division have been complied with and that the information given above						OCT 0 61993					
is true and complete to the best of my knowledge and belief. Date Approved											
Karin 5/11/5mall 10/6/93							3	<i>بر) (</i>	han/		
Signature					By	·	Slibe	DVICOS :	7		
Kevin O'Conne / 1 - Drlg. & Prod. Supervisor						By SUPERVISOR DISTRICT #3					
Printed Name Title 10/4/93 (303) 850-6303						e					
Date			elepho								
			-		1.1						

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.

as all and the form much be filled out for allowable on new and recommisted walls