

Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Hallwood Petroleum, Inc.	Well API No. 30-045-29023
Address P.O. Box 378111, Denver, CO 80237	
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"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Redfern	Well No. 2	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter H : 2,440 Feet From The FNL Line and 905 Feet From The FEL Line Section 33 Township 30N Range 12W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil None	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 El Paso Natural Gas Company	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 33	Twp. 30N	Rge. 12W	Is gas actually connected? No	When? 4/94 Estimate

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
		X	X					
Date Spudded 12/5/93	Date Compl. Ready to Prod. 2/25/94		Total Depth 1950'		P.B.T.D. 1893'			
Elevations (DF, RKB, RT, GR, etc.) 5744' KB, 5732' GR	Name of Producing Formation Basal Fruitland		Top Oil/Gas Pay 1786'		Tubing Depth 1803'			
Perforations 1786-1814', 8 SPF					Depth Casing Shoe 1936'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12.25"	8-5/8" 24# J-55		261'		250 sxs			
7.875"	5-1/2" 17# J-55		1936'		225 sxs			
	2-7/8" 6.5# J-55 tbg		1803'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total formation loss 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	Production Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure MAR 18 1994	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 265	Length of Test 24 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 40# Pumping	Casing Pressure (Shut-in) 110# FCP	Choke Size N/A

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.

Signature
KEVIN E. O'CONNELL - Dist. & Prod. Mgr.
Printed Name
Date 3/16/94 Telephone No. (303) 850-7373

OIL CONSERVATION DIVISION

Date Approved APR 01 1994

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.