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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

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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>.                                    </u>		OTHA	NSP	OHI OIL	AND NA	UHAL GA		B1 57			
Operator Hallwood Petroleum, Inc.							Well API No. 30-045-23636				
Address P. O. Box 378111, Den	ver, Co	lorado	8 (	0237		0	per, é	1 - Je	of tra	المصاد	
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghead		Transp Dry G Conde	as X	Ch	ange of			<u>14 tri</u> E	nsej	
f change of operator give name and address of previous operator Sny	der Oil	Corp.	, 1	625 Bro	adway, D	enver. C	Colorado	80202			
IL DESCRIPTION OF WELL	AND LEA	SE		····						<del></del>	
Robinson Brothers		Well No.	Pool I	Name, Including	ng Formation itland	DAK t		of Lease Federal or Fed	-	ease No.	
Location  I Init Letter N	. 82	יח		5	outh .	and 222	20 <del>-</del>		West	Line	
Unit Letter N	_ :02	.0	Feet I		outh Lin	and	. <u>U</u> Fe	et From The	west	Line	
Section 34 Township			Range			MPM, S	San Juan	<del>_</del>		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conden		ND NATU		e address to wi	hich approved	copy of this f	orm is to be s	ent)	
N/A	N/A										
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Hallwood Petroleum, Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 378111, Denver, CO 80237						
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually connected? When ?						
give location of tanks.  If this production is commingled with that	N I	34	32		NO	her	L	Apri.	1/May 19	94 (est.	
IV. COMPLETION DATA	nom any our	ci icase oi j	, E	, ve comming	ing Order main						
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. current: 6932'				
6/11/80	10/23/80				6980 ' Top Oil/Gas Pay			proposed: 2450'			
Elevations (DF, RKB, RT, GR, etc.) 5829' GR, 5842' KB	Name of Producing Formation Basal Fruitland				2038'			Tubing Depth 2075' est.			
Perforations								Depth Casin	Depth Casing Shoe		
proposed 2040-2070' (	30') at			ING AND	CEMENTI	NG RECOR	PD.	6963'			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4		8 5/8				257'			250		
7 7/8	5 1/2"				6963'			1250			
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLI	E					5 6 2 24 1 -		
OIL WELL NA (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank  Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pro	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bblk Dist 3			Gas- MCF			
GAS WELL (Not availabl	e yet -	- will	res	ubmit F	orm C-10	)4 with a	actual t	est dat	a)		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
N/A Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC						OIL COI	NSERV	ATION	DIVISi	 ON	
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								JAN 24			
SI ONA		1/	/		Date	e Approve	ea		Λ		
Kurin & Mimel					By_ Bink). Chang						
Signature Kevin E. O'Connell-Dr Printed Name	clg. & 1	Prod. 1	Mana Title				SUPER	IVISOR	ISTRICT	<b>\$</b> 3	
1/18/94	(3)	03) 85	0-73	373	Title	<i></i>		· · · · · · · · · · · · · · · · · · ·			
Date		Tek	ephone	No.	- []						

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.