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, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brizos Rd., Aziec, NM 87410	DEOLICE FOR A		DIEAND						
₹.	REQUEST FOR A TO TRANSP	ORT OF	I AND NA	AUTHORI TURAL G	ZATION				
Hallador Petroleum Company				Well API N			PI No. 0452339500S1		
Address 1500 Lineal	- C+ #3000 D		00000			0010200	300031		
Reason(s) for Filing (Check proper box)	n St. #1000, Denv	er, CO	80203	ner (Please expli			····		
New Well	Change in Transp	orter of:		er (r rease expu	ain)				
Recompletion	Oil Dry G								
If change of operator also assess	Casinghead Gas Condo					······································			
If change of operator give name AII and address of previous operator KII II. DESCRIPTION OF WELL	mbark Oil & Gas C	ompany,	1580 Li	ncoln St	#1000	, Denve	r, CO 8	0203	
Lease Name Well No. Pool Name, Including						of Lease	L	case No.	
Horton Location	12 B	lanco-P	ictured	Cliffs	State,	Federal or Fe	° SF078		
Unit LetterM	: 1120 Feel F	9	outh	1120			1.1 4.		
Other Letter	_ : Feel 12	from The _3	Line	c and	Fo	et From The	West	Line	
Section 27 Townshi	p 32N Range	12W	, NI	мрм,	San J	uan		County	
Ш. DESIGNATION OF TRAN	SPORTER OF OIL AN	JD NATH	DAT CAS						
Name of Authorized Transporter of Oil	or Condensate		Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casing	phead Gas or Dry	Gas X	Address (Give	e address to wh	ich approved	convertible	orm in to be se		
El Paso Natural Gas Co.				Address (Give address to which approved copy of this form is to be sent) PO Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge.	Is gas actually		When	?		·	
f this production is commingled with that i	from any other lease or pool, gi	ve comming!	Yes ing order numb	er:		11,	<u> </u>		
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 OiVGus Pay					
Perforations						Tubing Depth			
renorations						Depth Casin	g Shoe		
	TUBING, CASI	CEMENTING RECORD					,		
HOLE SIZE	CASING & TUBING S	DEPTH SET			SACKS CEMENT				
/ TECT DATA AND DECLINE	T COD ALL OWNER								
V. TEST DATA AND REQUES OIL WELL (Test must be after re			he equal to or	exceed top allo	nahla Con thin	Jamel and A	6 11 24 1		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, et			c.)	or juit 24 nour.	5.)	
Length of Test	Tubing Pressure		Casing Pressure			PECKIAE			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		MAR1 2 1990				
GAS WELL						24 66			
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			OIL CON. DIV. Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		UDI. J				
	,		Casing Fressur	v (Shut-in)		Choke Size			
I. OPERATOR CERTIFICA	ATE OF COMPLIAN	ICE		W 000	O	TIO: -			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.			Date Approved						
1/11/14	<i></i>		Date	whhtoned	***************************************		Λ		
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the first of the second of the INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

KRIEG,

3/7/90

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title 839-5504

Telephone No.

- 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.