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 Revused 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., Ariec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	10	I LIWIA	STU	'n I OIL	ANU NAT	CITAL CA	Well AP	l No.			
Hallwood Petroleum, Inc.								30-045-27578			
Address											
P.O. Box 378111, Denv)237									
Reason(s) for Filing (Check proper box)				c.	Other	(Please explai	n) :				
New Well	Cha Oil	nge in T	naspor Dry Gas	,1	Com	oanv nam	e chance	d from ()ninoda		
Recompletion \square	Company name changed from Quinoco Petroleum, Inc. effective 6/1/90										
change of operator give name	Casinghead Ga		Condens								
nd address of previous operator											
I. DESCRIPTION OF WELL						····	1.4	·	1 - 1 -	ase No.	
Lease Name	ì	Well No. Pool Name, 1 35 Basin			ng Formasion itland Co	n n 1	State, F	Kind of Lease State, Federal of Fee		asc INU.	
Tafoya L2		5	Das	III IIU.	Ittanu C	Jai					
Location	. 2500		.		South	122	5 500	From The _W	est.	Line	
Unit Letter	: 2300	!	reel in	xn the	JOUCH LINE	BDO					
Section 35 Towns	hip 32N		Range	13W	, Ni	ГРМ,	San	uan		County	
II. DESIGNATION OF TRA				D NATUI	RAL GAS	addres to wi	ich approved i	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Oil None	or or	Condens	FTC		Aumers (Olive	. LOLIKE E.J. SU WI	-un upproreu (رو رم- انامار مست. ا			
Name of Authorized Transporter of Cas	inghead Gas		or Dry	Gas X	Address (Giw	adáress 10 wh	ich approved	copy of this for	m is to be se	nı)	
Sunterra Gas Gatherin			•	نحبت				rque, NN			
If well produces oil or liquids,	well produces oil or liquids, Unit Sec. Twp.			Rge.	is gas actually connected?			When?			
ive location of tanks.					No		<i>A</i>	ASAP			
f this production is commingled with the	at from any other l	ease or p	xool, giv	e commingl	ing order numb	жг:					
V. COMPLETION DATA	1,	oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Designate Type of Completion		VII 44CII	1	X 4.611	Y X		Deepte			İ	
Date Spudded	Date Compl. I	leady to	Prod.		Total Depth	L		P.B.T.D.			
4/3/90	6/5/					2,280 ¹ Top Oil/Gas Pay			1		
Elevations (DF, RKB, RT, GR, etc.)		, talle of the same				_			Tubing Depth 2000.24		
5879' GR	<u> Fruitla</u>	ind C	<u>oal</u>		1	910-/5	55	Depth Casing			
Perforations 0.0171 (. 100 0 1	ar i		150	5 —	2/38			, •		
1,910 - 2,017', 2	<u> </u>	RING	CASI		CEMENTI		RD .				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12 - 1/4"		8 - 5/8"			3034 323			200 sx Class "B"			
7 ~ 7/8"	5	5 - 1/2"				2,275.42) !	220 sx !	50 <u>-50</u> -p	OZ	
		2 - 7/8"				2,000.24	1 1	& 75 sx Class "B"			
V. TEST DATA AND REQU	EST FOR AT	- //	B" ARLE		1	2,000.24	<u> </u>				
OIL WELL (Test must be after	er recovery of total	volume	of load	oil and mus	i be equal to o	r exceed top a	llowable for th	is depth or be f	or full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing N	iethod (Flow, j	pump, gas lift,	eic.)	· · · · · · · · · · · · · · · · · · ·		
e de									·		
Length of Test	Tubing Press	ire			Casing Pres	erice		A. C.			
					Water - Bbl	- 1/11		Gas- MCH	3:		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.				OCT 2 9 1990					
					. !		. ~~:				
GAS WELL	11				Bble Cond	OI ensate/MMCF	T COM	Gravity of C	Condensate		
Actual Frod. Test - MCF/D	1	Length of Test			Bois. Cond	- TYPATOR PROPERTY	DIST.	3		4	
Testing Method (pitot, back pr.)	24 hrs Tubing Press	ure (Shu	u-in)		Casing Free	sure (Snut-in)		Choke Size		<u>, , , , , , , , , , , , , , , , , , , </u>	
Back pressure		-	,			570#			-		
VI. OPERATOR CERTIF	ICATE OF	COM	PLIA	NCE		<u> </u>		10-10-1	רוייוסו	\bigcirc N1	
I hereby certify that the rules and r						OIL CC)NSER\	/ATION	וצועוט	ON	
Division have been complied with	and that the inform	nation giv	ven abo	ove.				NOV 0 5 1	1990		
is true and complete to the best of	my knowledge and	belief.			Da	te Approv	ved	WOY VO			
6/11	2.;	,						1	. ,		
X/Ally D. F)	chard	200	3_>		Ву		Bin	.) (34			
Holly S. Richardson Sr. Ops. Eng. Tech.					SUPERVISOR DISTRICT #8						
Printed Name			Title		Tit	e	Fm ()	۶۱ کوري و ۱ صب سره			
10/15/90	(303)			• No.							
Date		10	lephox	5 INO. Okraenski sinaksinia			CONTRACTOR OF THE PARTY.		a second		

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.