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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

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Hallwood Petroleum, Inc	Well API No. 30-045-28856
Address P.O. Box 378111 Denver, Co 80237	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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 Ripley N 2	Well No. 26	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <u>N</u> : <u>815</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>32N</u> Range <u>13W</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>N/A</u> <u>1049550</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Hallwood Petroleum, Inc</u> <u>1049530</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 378111 Denver CO 80237</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>26</u>	Twp. <u>32N</u>	Rge. <u>13W</u>	Is gas actually connected? <u>No</u>	When ?

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>12/19/92</u>	Date Compl. Ready to Prod. <u>5/7/93</u>		Total Depth <u>2250</u>		P.B.T.D. <u>2240</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5949 KB 5937 GL</u>	Name of Producing Formation <u>Basin Fruitland Coal</u>		Top Oil/Gas Pay <u>2132</u>		Tubing Depth <u>2129</u>			
Perforations <u>2134-2169</u>	<u>2132 - 2166</u>				Depth Casing Shoe <u>2222</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4</u>	CASING & TUBING SIZE <u>8 5/8</u>		DEPTH SET <u>377</u>		SACKS CEMENT <u>265 sxs "B"</u>			
<u>7 5/8</u>	<u>5 1/2</u>		<u>2222</u>		<u>200 sxs Lite</u>			
	<u>2 7/8</u>		<u>2129</u>		<u>130 sxs Neat "B"</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 Pressure	Choke Size <u>MAY 1 0 1993</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>OIL CON. DIV.</u>

GAS WELL

Actual Prod. Test - MCF/D <u>110</u>	Length of Test <u>24 Hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pr</u>	Tubing Pressure (Shut-in) <u>50</u>	Casing Pressure (Shut-in) <u>180</u>	Choke Size <u>--</u>

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 Lois M. Benda
Printed Name Lois M. Benda Sr Engr Tech
Date 5/7/93 Telephone No. 303-850-6285

OIL CONSERVATION DIVISION

Date Approved MAY 1 0 1993
By [Signature]
Title SUPERVISOR DISTRICT #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.