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 Appropriate District Office  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240  
**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210  
**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator **HALLWOOD PETROLEUM, INC.** Well API No. **30-025-27178**  
 Address **P. O. Box 378111, Denver, Colorado 80237**  
 Reason(s) for Filing (Check proper box)  Other (Please explain)  
 New Well  Change in Transporter of:  Dry Gas  Transporter change effective  
 Recompletion  Oil  Casinghead Gas  Condensate  **8/1/91**  
 Change in Operator  **8/1/91**  
 If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Bell Lake 2 State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Vaca Draw Morrow</b>	Kind of Lease State, Federal or Fee	Lease No. <b>L5114</b>
Location Unit Letter <b>H</b> : <b>660</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>North</b> Line Section <b>2</b> Township <b>25S</b> Range <b>33E</b> , <b>NMPM</b> , <b>Lea</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>PERMIAN SCURLOCK PERMIAN CORP EFF 9-1-91</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O.Box 1183, Houston, TX 77001</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>TRANSWESTERN PIPELINE CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O.Box 2521, Houston, TX 77001</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When? <b>H   2   25S   33E   Yes   9/25/81</b>
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
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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.

*Eva Kardas*  
 Signature  
**Eva Kardas, Production Analyst**  
 Printed Name Title  
**7/24/91** (303) 850-6282  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
 By Paul Kautz  
 Orig. Signed by **Geologist**  
 Title \_\_\_\_\_

**INSTRUCTIONS: This form is to be filed in compliance with Rule 1104**

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

RECEIVED

**AUG 02 1941**

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HEADQUARTERS