

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

RECEIVED

Form C-104  
Revised 1-1-89  
See instructions  
at bottom of Page

C/SF  
HT  
GT  
OP

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

JUL 12 '90

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

I. Operator: Hallwood Petroleum, Inc. Well API No. 30-015-25087

Address: P.O. Box 378111, Denver, CO 80237

Reason(s) for Filing (Check proper box):  
 New Well  
 Recompletion  
 Change in Operator  
 Change in Transporter of:  
 Oil  Dry Gas   
 Casinghead Gas  Condensate

Other (Please explain): Company name changed from Quinoco Petroleum, inc. effective 6/1/90

If change of operator give name and address of previous operator: Quinoco Petroleum, Inc., P.O. Box 378111, Denver, CO 80237

II. DESCRIPTION OF WELL AND LEASE

Lease Name Target 23 State	Well No. 1	Pool Name, including Formation Black River E. Atoka	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. LG 6797
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Location: Unit Letter E : 2310 Feet From The North Line and 990 Feet From The West Line  
 Section 23 Township 24S Range 27E, NMPM. Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)
Western Oil Transp. Co., Inc.	P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Llano	P.O. Box 1320, Hobbs, NM 88240

If well produces oil or liquids, give location of tanks: Unit E Sec. 23 Twp. 24S Rge. 27E Is gas actually connected? Yes When? 10/30/85

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"/>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.

Elevations (DF, RKE, 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
			Post ID-3 8-10-90 shg op

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.

Holly S. Richardson  
 Signature  
 Holly S. Richardson Sr. Ops. Eng. Tech.  
 Printed Name  
 6/26/90 Date  
 (303) 850-6322 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 10 1990

By MIKE WILLIAMS  
 ORIGINAL SIGNED BY  
 SUPERVISOR, DISTRICT II

Title \_\_\_\_\_

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.