

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

FEB 10 1986

CRUDE OIL DEPT.

707302

Operator Holden Energy Corporation	
Address P.O. Box 16010 San Antonio, Texas 78216	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner Gulf Energy Producing Company P.O. Box 32999 San Antonio, Tx. 78216

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal Hays Federal</u>	Well No. <u>01</u>	Pool Name, including Formation <u>Allison Farm (Pennsylvanian)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-06996</u>
Location				
Unit Letter <u>IN N</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u>				
Line of Section <u>19</u> Township <u>8S</u> Range <u>37E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER ~~Enron Oil Trading & Transportation Co.~~

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)
<u>Tesoro Petroleum Company</u>	<u>P.O. Box 1188 Houston, TX. 77251-1188 Effective 7-1-88</u>
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)
<u>Warren Petroleum Company</u>	<u>P.O. Box 1589 Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	Yes

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.
		<u>XX</u>						
Date Spudded <u>12-13-59</u>	Date Compl. Ready to Prod. <u>1-27-60</u>	Total Depth <u>9716'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation <u>Pennsylvanian</u>	Top Oil/Gas Pay <u>9570'</u>	Tubing Depth					
Perforations <u>9578' - 9593'</u>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	<u>13 3/8"</u>	<u>416'</u>	<u>350 sxs.</u>					
	<u>8 5/8"</u>	<u>4146'</u>	<u>1000 sxs.</u>					
	<u>5 1/2"</u>	<u>9716'</u>	<u>175 sxs.</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 Tanks	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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Karen A. Omillian
(Signature)
Karen Omillian, Regulatory Admin.
(Title)

January 17, 1986
(Date)

(512) 349-6111

OIL CONSERVATION COMMISSION

APPROVED FEB 4 - 1986, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.