

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Haseloff CorporationAddress
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88241

(Reason(s) for filing (Check proper box))

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 12/1/83

If change of ownership give name and address of previous owner: Amoco Production Co., Box 68, Hobbs, NM 88241

DESCRIPTION OF WELL AND LEASE

Nm-0558287

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Morgan "A" Federal	4	Chaveroo San Andres	State, Federal or Fee Federal	Above

Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The WestLine of Section 27 Township 7 S Range 33 E NMPM, Roosevelt County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company	P. O. Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil & Gas Corp.	P. O. Box 300, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	27	7S	33E	Yes	6/10/66

(If this production is commingled with that from any other lease or pool, give commingling order number)

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Perforations	Depth Casing Shoe
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TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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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.)
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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
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GAS WELL

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

Agent

12/19/83

OIL CONSERVATION DIVISION

DEC 27 1983

APPROVED _____, 19

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 8104.

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 811.

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.

Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
DEC 19 1983
O.C.D.
HOBBS OFFICE