

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 ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective 12/1/83

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 | 2        | Chaveroo San Andres            | State, Federal or Fee Federal | Above     |

Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The EastLine 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 ☐  
Mobil Pipe Line Company Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 900, Dallas, Texas 75221Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Cities Service Oil & Gas Corp. Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 300, Tulsa, Oklahoma 74102If well produces oil or liquids,  
give location of tanks.Unit : 0 Sec. : 27 Twp. : 7S Rge. : 33E

Is gas actually connected?

Yes

When

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.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, CR, 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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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-Blbl.       | Water-Blbl.                                   | Gas-MCF    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Blbl. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size            |

## 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

(Signature)

(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 27 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 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.

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

RECEIVED

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