

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Haseloff Corporation

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:		Effective 12/1/83	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☒	Casinghead Gas	☐	Condensate	☐

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

N-0558287

DESCRIPTION OF WELL AND LEASE

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

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West

Line of Section 26 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 75221
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Name 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 74102
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If well produces oil or liquids, give location of tanks.	Unit E	Sec. 26	Twp. 7S	Rge. 33E	Is gas actually connected? Yes	When 7/1/66
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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, RAB, 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 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, 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.

OIL CONSERVATION DIVISION

APPROVED DEC 27 1983

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

Agent

12/19/83

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 allowance on new and recompleted wells.

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

Separate Forms 6-104 must be filed for each pool in multiple completed wells.