

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Haseloff Corporation		Operator to flare casinghead gas from well and must be obtained from the Well Management Service BXM	
Address P. O. Box 755, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 6/11/85 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate		

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller	Well No. 7	Pool Name, including Formation Tom Tom SA R-4076	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location				
Unit Letter I : 1980 Feet From The South Line and 330 Feet From The East				
Line of Section 35 Township 7S Range 31E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		
Unit I	Sec. 35	Twp. 7S Rge. 31E
Is gas actually connected?		When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

James Hall
(Signature)
Agent
(Title)
4/11/85
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 15 1985, 19
BY ORIGINAL SIGNED BY JERRY TEXTON
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.

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

COMPLETION DATA

Design the Type of Completion - (C)		Oil Well	Gas Well	Water Well	Art. Conv.	Deep	Plug Back	Cond. Inst.	OTH. Reov.
XXXX		XXXX							
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
1/15/85	1/29/85	418'		4182'					
Elevation (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ctl/Gas Pay		Tubing Depth					
4379. GR	San Andres	397'		4150'					
Perforations - Shots - 3972, 72.5, 78.5, 26, 28, 31, 32.5, 34, 35.5, 46, 47.5, 49, 53, 55.5, 58.5, 60.5, 62, 95, 96, 4105.5, 06, 11.5, 36, 37, 38, 41.5, 44, 45.5.									
Tubing, Casing and Cement Schedules									
HOLESIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4	8 5/8	1227		400					
7 7/8	4 1/2	4186.11		Circulated					
4 1/2	2 3/8	4150							

TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
2/1/85	2/2/85	Pump Lufkin	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
128	88	40	TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Cond. rate/MMCF	Gravity of Condensate
Section Worked (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

RECEIVED

APR 12 1985

MAILED 10/2/85