

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Haseloff Corporation	
Address Box 249, Lovington, New Mexico 88260	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Approval to Mine case head
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE
DESIGNATION BELOW IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

NM 046153-A

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller Federal	Well No. 8	Pool Name, including Formation Tom Tom - San Andres	Kind of Lease State, Federal or Fee Federal	Lease N Above
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>7-S</u> Range <u>31-E</u> , NMPM, <u>Chaves</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 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. 7-S	Rge. 31-E
	Is gas actually connected? No	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-13-85	Date Compl. Ready to Prod. 5-1-85		Total Depth 4200'		P.B.T.D. 4200'			
Elevations (DF, RKB, RT, GR, etc.) 4358 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3956'		Tubing Depth 4158'			
Perforations Shots 3956, 62, 76, 78, 4008, 11.5, 13, 18, 19, 20, 25					Depth-Casing-Shoe 33, 37, 38, 40, 45, 46, 78, 79, 80, 86, 4120, 21, 22, 26, 27			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1190	370sxs IW111 200sxs
7 7/8	4 1/2	4200	Cl "C" - Circulator
4 1/2	2 3/8	4158	275 sxs Lite 4
			None

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 all
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-1-85	Date of Test 5-3-85	Producing Method (Flow, pump, gas lift, etc.) Pump Oilwell	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 202 BBLS	Oil - Bbls. 82.75	Water - Bbls. 119.25	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Jack C. Hunt
(Signature)
Office Manager
(Title)
5-15-85
(Date)

OIL CONSERVATION DIVISION
MAY 21 1985APPROVED _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deepen
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi
completed wells.