

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   |   |
| Operator<br>Haseloff Corporation  |   |
| Address<br>P. O. Box 249, Lovington, New Mexico 88260   |   |
| Reason(s) for filing (Check proper box)   |   |
| New Well <input checked="" type="checkbox"/>  | Change in Transporter of:   |
| 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"/> |
| Other (Please explain)<br>The gas is being sold to the<br>operator and must be obtained from the<br>operator's Management Service 25841 |   |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

|   |               |  |   |
|---|---------------|--|---|
| II. DESCRIPTION OF WELL AND LEASE   |               | NM-046153-A  |   |
| Lease Name<br>Miller Federal  | Well No.<br>9 | Pool Name, Including Formation<br>Tom-Tom San Andres | Kind of Lease<br>State, Federal or Fee<br>Federal Above |
| Location<br>Unit Letter J : 1980' Feet From The South Line and 1650' East |               |  |   |
| Line of Section 35 Township 7 South Range 31 East 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"/><br>The Permian Corporation |           |            | Address (Give address to which approved copy of this form is to be sent)<br>P. O. 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,<br>give location of tanks.   | Unit<br>J | Sec.<br>35 | Twp.<br>7S   | Rge.<br>31E | Is gas actually connected?<br>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                 | New Well <input checked="" type="checkbox"/> | Workover | Deepen |
| Date Spudded<br>12-22-85  | Date Compl. Ready to Prod.<br>1-10-86             | Total Depth<br>4200'     | P.B.T.D.                                     |          |        |
| Elevations (DF, RKB, RT, GR, etc.)<br>4360.8 GR   | Name of Producing Formation<br>Tom-Tom San Andres | Top Oil/Gas Pay<br>3993' | Tubing Depth<br>3918'                        |          |        |
| Perforations 3993, 94, 98, 4000, 03, 07, 08, 09, 10, 13, 14, 18, 21, 22, 23, 24, 26, 27, 28, 29, 30, 31, 32, 33, 36, 37, 40, 42, 62, 63, 65, 66, 74, 75, 92, 94, 95, 96, 4103, 04 4198' |   |                          |  |          |        |
| 05, 10, 11, 4112 TUBING, CASING, AND CEMENTING RECORD 43 Total shots  |   |                          |  |          |        |
| HOLE SIZE   | CASING & TUBING SIZE                              | DEPTH SET                | SACKS CEMENT                                 |          |        |
| 12 1/4"   | 8 5/8"  | 1137'                    | 210 sxs lite & 25                            |          |        |
|   |   |                          | sxs Cl. C- Circulated                        |          |        |
| 7 7/8"  | 4 1/2"  | 4197'                    | 225sxs lite 4F                               |          |        |
| 4 1/2"  | 2 3/8"  | 3918'                    | 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 of well for this depth or be for full 24 hours) |                         |   |                   |
| Date First New Oil Run To Tanks<br>1-11-86  | Date of Test<br>1-13-86 | Producing Method (Flow, pump, gas lift, etc.)<br>Pump |                   |
| Length of Test<br>24  | Tubing Pressure         | Casing Pressure<br>350                                | Choke Size<br>N/A |
| Actual Prod. During Test<br>96.   | Oil-Bbls.<br>76.        | Water-Bbls.<br>20.                                    | Gas-MCF<br>TSTM   |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL                         |                           |                           |                       |
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

|  |  |                           |  |
|--|--|---------------------------|--|
| VI. CERTIFICATE OF COMPLIANCE  |  | OIL CONSERVATION DIVISION |  |
| 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.   |  | APPROVED JAN 24 1986, 19  |  |
| BY ORIGINAL SIGNED BY JERRY SEXTON<br>DISTRICT SUPERVISOR  |  | TITLE                     |  |
| This form is to be filed in compliance with RULE 1104.<br>If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for all wells on new and recompleted wells.<br>Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.<br>Separate Forms C-104 must be filed for each pool in multi-completed wells. |  |                           |  |