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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-10: Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OHEST FOR ALLOWARI E AND AUTHORIZATION

						AU I HUHIZ					
•	7	OTRA	NSP(ORT OIL	AND NA	FURAL GA		ELC-			
HALLWOOD PETROLEUM, INC.							Well A		1 No. 25-25298		
							30-	025-25298			
Address	D	00.0	222								
P. O. Box 378111	, penver	, 00 80	JZ3/								
Reason(s) for Filing (Check proper box)					Uthe Othe	s (Piease expla	in)				
New Well Change in Transporter of:						Transporter will change					
Recompletion Oil X Dry Gas U						effective 1/1/91					
Change in Operator	Casinghead	Gus 📗	Conden	sale 📗							
change of operator give name											
ad address of previous operator											
I. DESCRIPTION OF WELL	AND LEA										
Lease Name		Well No. Pool Name, Includin			Cial F			of Lease Federal or Fee			
STATE 30		1	Ba	um Uppe	r Penn				1 K-020)/	
Location											
Unit Letter E	<u> 1980</u>)	Feet Fr	om The <u>N</u>	orth_Lin	e and <u>660</u>	Fo	et From The _W	<u>est</u>	Lin	
										_	
Section 30 Towns	hip 13S		Range	33E	, N	MPM, L	ea			County	
II. DESIGNATION OF TRA	NSPORTE	R OF O	LAN	D NATU	RAL GAS						
me of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)						
PERMIAN					P. O. E	lox 1183,	Houston	n, TX 779	TX 77001		
Name of Authorized Transporter of Casi	nghead Gas	ghead Gas X or Dry Gas			Address (Give address to which approved copy of					nt)	
WARREN PETROLEUM								OK 74102			
If well produces oil or liquids,	Unit	Sec.	Twp.	•	Is gas actual!	y connected?	When				
ive location of tanks.	E			33E	Yes			11/10/76			
this production is commingled with the	at from any oth	ner lease or	pool, gi	ve commingl	ling order num	ber:					
V. COMPLETION DATA											
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completio					1	1	<u></u>	<u> </u>			
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth			P.B.T.D.			
					1						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Periorations								Depth Casing	Shœ		
	-	TUBING	. CAS	ING AND	CEMENT	ING RECO	RD				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACK · CEMENT		
NOLL OILL		GACING & POSING CIES									
							· 				
					 						
V. TEST DATA AND REQU	FCT FOR	ALLOW	ARLE	7							
	EST FOR	rated volume	of load	s Loil and mus	t be equal to	or exceed lop a	Howable for ti	his depth or be f	or full 24 ho) <i>(5.)</i>	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		0/1000	04 6765 7762	Producing 1	Method (Flow,	pump, gas lift	, eic.)			
Date First New Oil Run 10 12012	Date of I	CM				•	, , =				
	17. Line Description				Casing Pressure			Choke Size			
Length of Test	lubing Pi	Tubing Pressure				Casing 1 100010					
		Oil - Bbis.				Water - Bbin			Gas- MCF		
Actual Prod. During Test	Oil - Bbis										
								!			
GAS WELL											
Actual Prod. Test - MCF/D	Length o	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
4								Oroka Sira			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
,											
THE OPER A TOP OF DATE	70 4 777 0	E COM	TDI TA	NCE		<u> </u>			-0.00		
VI. OPERATOR CERTIF	ICAILO		الماسل عا انداست	14 4 C L		OIL CC	NSER'	NOITAV	ואוט	ION	
I hereby certify that the rules and n Division have been complied with	and that the in-	ne UII CONS formation o	iven alv	ove	11						
Division have been complied with	my knowjeyce ma mer me im	and belief		- · •	_	A = = ····	أ	DEC 11	jaan		
is true and complete to the best of my knowledge and belief.						Date Approved					
Welly S. Ficherdson											
July D. TX	xx	w r			By	ORIGINAL DE	5 CTV44				
Signature Holly S. Richardson	Sr. On	s. Enc	. Te	ch.		DH:	\$250 B				
Printed Name	1 51 00	<u> </u>	Title	- :: 	Tie	ما					
12/5/90	(303) 8	50-632			- 11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

the transporter, or other such changes of organisms, well name or number, transporter, or other such chan