- it-mit 5 Coores proopnate District Office ISTRICTJ	State of New Mexico Energy, Minerals and Natural Resources D			st.	Form C-104 Revised 1-1-89 See Instructions	
O. Box 1980, Hobbs, NM - 88240 ISTRICT II	OIL CON		FION DIVISION	1	at liottom of Page	
U. Drawer DD, Artesia, NM 88210	Santa F	P.O. Box e. New Mex	c 2088			
<u>STRICT III</u> 00 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR A		E AND AUTHORIZ			
perator	TO TRANSF	PORT OIL	AND NATURAL GA	S Well API No.		
HALLWOOD PETROI	LEUM, INC.			30-025-242	63	
ddress P O Poy 37811	ll, Denver, Color	ado 8023	37			
eason(s) for Filing (Check proper box)	II, Deliver, coror	aut 002.	Other (Please explai	n)		
lew Well	Change in Trans Oil Dry	· •	Transporte	r will change		
ecompletion [_] hange in Operator []	Oil Dry Casinghead Gas Cond		effective	4/1/91		
change of operator give name d address of previous operator						
. DESCRIPTION OF WELL	AND LEASE					
case Name	Well No. Pool	Name, Includin,	-	Kind of Lease State (Federallor Fe	Lease No.	
BASS FEDERAL (COM 1 S	alt Lake	S. Morrow	Saletreociation re	• NM 03023B	
Unit LetterF	:1980Fee	From The	North Line and 198	0 Feet From The	West Line	
Section 30 Townsh	ip 20S Ran	<u>ge 33E</u>	, NMPM,	Lea	County	
I. DESIGNATION OF TRAI	NSPORTER OF OIL A	ND NATUR	RAL GAS			
lame of Authorized Transporter of Oil	or Condensate		Address (Give address to wh			
PERMIAN SCURLOCK PER iame of Authorized Transporter of Casil	MIAN CORP EFF 9-1-91	ory Gas X	P.O.Box 1183, H Address (Give address to wh			
EL PASO NATURAL GAS C					P.O.Box 1320,Hob	
f well produces oil or liquids, ve location of tanks.	$\begin{array}{c c c c c c c c c c c c c c c c c c c $: -	Is gas actually connected? Yes	When ?	/12/73	
this production is commingled with that		·			12/15	
V. COMPLETION DATA	<u></u>			1		
Designate Type of Completion	Oil Well n - (X)	Gas Well	New Well Workover	Deepen Plug Back 	Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Pro	d.	Total Depth	P.B.T.D.		
	Name of Producing Format	lice	Top Oil/Gas Pay	Tubing De	nh	
Jevations (DF, RKB, RT, GR, etc.)					- -	
enorations				Depth Cas	ing Shoe	
· · · · · · · · · · · · · · · · · · ·	TUBING, CA	SING AND	CEMENTING RECOR	D		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
	1					
		E				
V. TEST DATA AND REQUI	EST FOR ALLOWAD	ut: and oil and must	be equal to or exceed top all	owable for this depth or t	e for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, p	ump, gas lift, etc.)		
			Casing Pressure	Choke Si	20	
Length of lest	Tubing Pressure					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MC	F	
GAS WELL			·			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity o	of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)		Casing Pressure (Shut-in)	Choke S	12C	
VI. OPERATOR CERTIFI	ICATE OF COMPL gulations of the Oil Conservat		OILCO	NSERVATIO	N DIVISION	
Division have been complied with a	ind that the information given	above		ed	! .	
is true and complete to the best of n						
is true and complete to the best of m	,		11			
Velly S. Fics	hardson		11		· · ·	
Signature Holly S. Richardson	hardson) , Sr. Ops. Eng. 7		Ву			
Velly S. Fic	, <u>Sr. Ops. Eng. 7</u> (303) 850-	itie	Ву			

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes.