

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>HALLWOOD PETROLEUM, INC.</b>	Well API No. <b>30-025-26729</b>
Address <b>P. O. Box 378111, Denver, Colorado 80237</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Other (Please explain) <b>Transporter will change effective 4/1/91</b>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BELL LAKE 11 FEDERAL</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Vaca Draw Wolfcamp</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal or Fee	Lease No. <b>NM19859</b>
Location Unit Letter <b>B</b> : <b>1980</b> Feet From The <b>East</b> Line and <b>660</b> Feet From The <b>North</b> Line Section <b>11</b> Township <b>25S</b> Range <b>33E</b> , <b>NMPM</b> , Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <b>PERMIAN SCURLOCK PERMIAN CORP EFF 9-1-91</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O.Box 1183, Houston, TX 77001</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>TRANSWESTERN PIPELINE COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O.Box 2521, Houston, TX 77001</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>11</b>
	Twp. <b>25S</b>	Rge. <b>33E</b>
	Is gas actually connected? <b>Yes</b>	When? <b>1/23/82</b>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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. OPERATOR 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.

Holly S. Richardson  
Signature  
Holly S. Richardson, Sr. Ops. Eng. Tech.  
Printed Name  
4/3/1991  
Date  
(303) 850-6322  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 3 1991

By ORIGINAL SIGNATURE OF OPERATOR

Title \_\_\_\_\_

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.