

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-1-78

OCT 02 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Abo Petroleum Corporation ✓

Address
207 So. 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☒	Oil	☐
Change in Ownership	☐	Coalinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hay "C" Federal	1	Undes. Delaware	State, Federal or Fee Federal	NM 20949

Unit Letter	L	: 1980	Feet From The	South	Line and	660	Feet From The	West
Line of Section	13	Township	26S	Range	27E	, NMPM,	Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	Box 159, Artesia, NM 88210
Name of Authorized Transporter of Coalinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	13	26S	27E	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	THL. Res't.
	X							X
Date Spudded RECOMPLETION	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-24-84	9-17-84	8400'	5640'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3121.2' GR	Delaware	5406'	5324'					
Perforations			Depth Casing Shoe					
5406-28'			8262'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	12-3/4"	505'	600
11"	8-5/8"	2300'	750 sx
7-7/8"	5-1/2"	8262'	1700 sx
	2-7/8"	5324'	

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-1-84	9-17-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
15	3	12	TSTM

Post ID-2
10-19-84
Camp + BK

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.



Production Supervisor

(Date)

9-28-84

(Date)

OIL CONSERVATION DIVISION

OCT 15 1984

APPROVED _____, 19____

BY _____
Original Signed By
Leslie A. ClementsTITLE _____
Supervisor District IIThis form is to be filed in compliance with RULE 1102.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well number, or transporter or other such change of condition.

Form C-104 must be filed for each pool in multiple completion wells.