

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

3054/12  
4-3-85

RECEIVED  
FEB 27 1985  
OIL CON. DIV  
DIST. 3

I. Operator  
Abbott Ventures  
Address  
1808 Knudsen Av. Farmington, NM 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) \_\_\_\_\_  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name NE Hogback State NM	Well No. 1	Pool Name, Including Formation Horseshoe Gallup	Kind of Lease State, Federal or Fee State	Lease No. V-606
Location Unit Letter <u>A</u> <u>330</u> Feet From The <u>East</u> Line and <u>365</u> Feet From The <u>North</u> Line of Section <u>16</u> Township <u>30 North</u> Range <u>16 West</u> , NMFM, <u>San Juan</u> 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"/> Gary Energy Corp. 115 Inverness Dr. East Englewood, CO 80112-5116	Address (Give address to which approved copy of this form is to be sent) Englewood, CO 80112-5116					
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, give location of tanks.	Unit A	Sec. 16	Twp. 30N	Rge. 16W	Is gas actually connected? No	When

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/1/84	Date Compl. Ready to Prod. 1/25/85		Total Depth 1406'		P.B.T.D. 1401'			
Elevations (DF, RKB, RT, GR, etc.) 5319' GR	Name of Producing Formation Horseshoe Gallup		Top Oil/Gas Pay 1200'		Tubing Depth 1237'			
Perforations 1200'-1222' 4JSPP, 1236'-1250' 4JSPP					Depth Casing Shoe 1406'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4"	7 5/8"		44'		10			
6 1/2"	4 1/2"		1406'		50			
	2 3/8"		1237'					

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 Tanks 1/25/85	Date of Test 2/10/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 7 days	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 13.5 BBL	CH-Bble. 8	Water-Bble. 5.5	Gas-MCF TSTM

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ralph Abbott  
(Signature)  
Operator  
(Title)  
Feb 26, 1985  
(Date)

OIL CONSERVATION COMMISSION  
3-7-85  
APPROVED MAR - 7 1985, 19\_\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

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 name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple