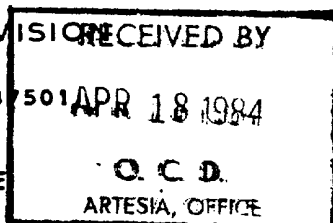


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	1
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
Transwestern Gas Supply CompanyAddress
P. O. Box 2521, Houston, Texas 77252

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Antelope Federal	Well No. 1	Pool Name, including Formation Abo - undesignated	Kind of Lease Federal	Lease No. 32335
Location Unit Letter <u>E</u> ; <u>1980'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>4S</u> Range <u>22E</u> , NMPM, <u>Chaves</u> Count				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	P. O. Box 2521, Houston, Texas 77252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>No</u> <u>yes</u> <u>NA</u> <u>4-13-84</u>

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'v.	Diff. Re
		X	X					
Date Spudded 6/12/82	Date Compl. Ready to Prod. 8/14/82	Total Depth 3600'	P.B.T.D. 3131'					
Elevations (DF, RKB, RT, GR, etc.) 4472 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3079'	Tubing Depth 2933'					
Perforations 3111', 09, 07, 05, 03, 01, 3099, 97, 95, 93, 91, 87, 85, 83, 81, 79	Depth Casing Shoe 3600'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	82	Cmt to surface
12 1/4"	8 5/8"	1502	1010
7 7/8"	4 1/2"	3600	360
	2 3/8"	2933	

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 oil able 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.)	
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 408	Length of Test 4 hour	Bbls. Condensate/MCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 720	Casing Pressure (Shut-in) 720	Choke Size 10/64"

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.

A. L. Burwell

Production Engineer Asst.

April 9, 1984

OIL CONSERVATION DIVISION

APPROVED APR 27 1984, 19BY Original Signed By
Leslie A. Clements
TITLE Supervisor District #

This form is to be filed in compliance with RULE 1194.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

Young Drilling Co.

P.O. BOX 717

FARMINGTON, NEW MEXICO 87401

(505) 327-5218

RECEIVED BY

APR 18 1984

O. C. D.
ARTESIA, OFFICE


March 26, 1984

Transwestern Gas Supply Company
P. O. Box 2521
Houston, Texas 77001

RE: Antelope Federal #1

DEVIATION SURVEY

<u>DEPTH</u>	<u>DEGREES</u>
518'	1/2
1510'	1 1/4
2234'	1
3015'	1 1/2
3586'	2


M. Herman Walters
Vice-President

SUBSCRIBED AND SWORN BEFORE ME ON THIS 26th DAY OF MARCH 1984.


NOTARY PUBLIC

MY COMMISSION EXPIRES: 7/27/87

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED BY

APR 23 1984

O. C. D.

ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE April 18, 1984

This is to notify the Oil Conservation Division that connection for the purchase of gas from the Transwestern Gas Supply Co. ✓
Operator

Antelope Fed.
Lease

#1 - Unit Letter ^cUnknown
Well Unit

29-4S-22E, Chaves County
S.T.R.

Wildcat
Salt Creek (Abo)
Pool

Transwestern
Name of Purchaser

was made on April 13, 1984

Transwestern Pipeline Company
Company

Rodney C. Burke Rodney C. Burke
Representative

Jr. Analyst, Contract Administration
Title

cc: Operator
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501