

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

RECEIVED BY

APR 18 1984

O. C. D.
ARTESIA, OFFICE

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator Transwestern Gas Supply Company ✓Address P. O. Box 2521, Houston, Texas 77252

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Antelope Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Abo - undesignated</u>	Kind of Lease <u>Federal</u> State, Federal or Fee	Lease No. <u>32335</u>
Location				
Unit Letter <u>J</u>	<u>1980'</u>	Feet From The <u>South</u>	Line and <u>1980'</u>	Feet From The <u>East</u>
Line of Section <u>29</u>	Township <u>4S</u>	Range <u>22E</u>	, NMPM, <u>Chaves</u> Co., NM	

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)
<u>Transwestern Pipeline Co.</u>	<u>P. O. Box 2521, Houston, Texas 77252</u>
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't.	Dill. Re
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>9/23/82</u>	Date Compl. Ready to Prod. <u>10/12/82</u>	Total Depth <u>3612'</u>	P.B.T.D. <u>3544'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4443' GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3066'</u>	Tubing Depth <u>2954'</u>					
Perforations <u>3066', 67, 68, 69, 70, 71, 72, 92, 94, 96; 3106, 07, 08, 09, 10, 11, 12.</u>			Depth Casing Shoe <u>3592'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>60'</u>	<u>Cmt to surface</u>
<u>9 7/8"</u>	<u>7 5/8"</u>	<u>1467'</u>	<u>1000</u>
<u>6 3/4"</u>	<u>4 1/2"</u>	<u>3592'</u>	<u>270</u>
	<u>2 3/8"</u>	<u>2954'</u>	

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 of
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
			<u>Post FD-2</u> <u>4-27-84</u> <u>6mmp + BK</u>

GAS WELL

Actual Prod. Test - MCF/D <u>340</u>	Length of Test <u>4 hours</u>	Bbls. Condensate/MCF <u>0</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>Back pressure</u>	Tubing Pressure (Shot-In) <u>1021</u>	Casing Pressure (Shot-In) <u>1021</u>	Choke Size <u>8/64</u>

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
(Signature)
Production Engineer Asst.
(Title)
April 9, 1984
(Date)

OIL CONSERVATION DIVISION

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

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

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

4
29-~~0~~S-22E, Chaves County
S.T.R.

J
#2 - Unit Letter Unknown
Well Unit

Und.
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