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Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

JUN 29 1992

O. C. D.  
DISTRICT OFFICE

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ABO PETROLEUM CORPORATION		Well API No. 30-005-62895
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input type="checkbox"/> Other (Please explain):		

If change of operator give name  
and address of previous operator

### II. DESCRIPTION OF WELL AND LEASE

Lease Name G. P. Federal Com	Well No. 1-21	Pool Name, Including Formation Unders. Abo	Kind of Lease State, Federal or Fee	Lease No. NM 17038
Location Unit Letter <u>L</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>9S</u> Range <u>25E</u> , NMPM, Chaves County				

### III. 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)					
Yates Petroleum Corporation	105 So. 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 21	Twp. 9S	Rge. 25E	Is gas actually connected? YES	When? 6-25-92

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 4-29-92	Date Compl. Ready to Prod. 6-1-92		Total Depth 4300'		P.B.T.D. 4256'			
Elevations (DF, RKB, RT, GR, etc.) 3562' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 3772'		Tubing Depth 3725'			
Perforations 3772-3780'					Depth Casing Shoe 4300'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 863'		SACKS CEMENT 450 sx + Redi-Mix			
	4-1/2"		4300'		420 sx			
	2-3/8"		3725'		Post ID-2 7-24-92 Pump & RKB			

### 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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test		
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 912	Length of Test 24 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 255	Casing Pressure (Shut-in) Pkr	Choke Size 24/64"

### 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.

Signature Juanita Goodlett  
Printed Name JUANITA GOODLETT - PRODUCTION SUPVR.  
Date 6-26-92 Telephone No. (505) 748-1471

### OIL CONSERVATION DIVISION

Date Approved JUL 17 1992

By ORIGINAL SIGNED BY  
MIKE  
Title SUPERVISOR, DISTRICT II

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.