

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator HOPE OIL CO.		Well API No. 30-025-25418
Address 11102 Savoy Rd. St. Amant L.A. 70774		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Fed	Well No. 1	Pool Name, Including Formation Maljamar Abo	Kind of Lease Fed State, Federal or Fee	Lease No. LC054687
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 15 Township 17S Range 32E , NMPM, Lea 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"/> Navajo Ref	Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Co. Cenece Inc.	Address (Give address to which approved copy of this form is to be sent) Box 2197 Houston TX 77001	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 15 17S 32E	Is gas actually connected? When ? Yes 7/26/77

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/24/83	Date Compl. Ready to Prod. 3/25/83	Total Depth 11,652	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Abo	Top Oil/Gas Pay 8944	Tubing Depth 8910					
Perforations 8944, 41, 38, 35, 32, 26, 22, 21, 20, 17, 16, 15, 1, 4, 13, 11, 10, 9, 52	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 8897, 89, 87, 85					
HOLE SIZE 17 1/2	CASING & TUBING SIZE 13 3/8	DEPTH SET 462	SACKS CEMENT 475					
11	8 5/8	4650	500					
7 7/8	4 1/2	11652	775					
7 7/8	2 3/8	8910						

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 Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 R.E. Grounds
Printed Name R.E. Grounds Owner
Date May 20, 1991 Telephone No. 504-675-5224

OIL CONSERVATION DIVISION

Date Approved MAY 31 1991
Orig. Signed by Paul Kautz
By Geologist
Title _____

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.