

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
HOPE OIL

Address
1215 Caprock

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner Petroleum Exploration & Development Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Fed	Well No. 1	Pool Name, including Formation Maljamar Abo	Kind of Lease State, Federal or Fee Fed	Lease No. LC054687
Location Unit Letter <u>O</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>17S</u> Range <u>32E</u> , 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"/> The Permian Corporation <u>Permian (Eff. 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 2197 Houston, Texas 77001
If well produces oil or liquids, give location of tanks. Unit <u>O</u> Sec. <u>15</u> Twp. <u>17S</u> Rge. <u>32E</u>	Is gas actually connected? <u>Yes</u> When <u>7/26/77</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Wayne Helms
(Signature)
General Partner
(Title)
03/26/85
(Date)

OIL CONSERVATION DIVISION

APPROVED APR - 1 1985, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 multiply completed wells.

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X									
Date Spudded 03/24/83	Date Compl. Ready to Prod. 03/25/83			Total Depth 11,652			P.B.T.D. 9050		
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,							Depth Casing Shoe 8897, 89, 87, 85		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	462	475
11	8 5/8	4650	500
7 7/8	4½	11652	775
7 7/8	2 3/8	8910	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	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

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MAR 20 1985

NO. 8
 HODGES DEPT.