

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator Bobby F. Abnerathy	
Address c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "36"	Well No. 1	Pool Name, Including Formation Townsend Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. L-3375
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line of Section 36 Township 15S Range 34E , 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	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation	Address (Give address to which approved copy of this form is to be sent) 500 West Illinois, Midland Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 36
	Twp. 15S	Rge. 34E
	Is gas actually connected? Yes When 4/27/82	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2/16/82	Date Compl. Ready to Prod. 4/2/82		Total Depth 11,210		P.B.T.D. 11,156			
Elevations (DF, RKB, RT, GR, etc.) 4054 DF	Name of Producing Formation Wolfcamp OK PK		Top Oil/Gas Pay 10,956		Tubing Depth 10,856			
Perforations 10,956 - 11,109					Depth Casing Shoe 11,207			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		350		350			
11	8 5/8		4590		1800			
7 7/8	5 1/2		11,207		735			

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 Tanks 4/2/82	Date of Test 4/5/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 500#	Casing Pressure PK	Choke Size 20/64"
Actual Prod. During Test	Oil-Bbls. 104	Water-Bbls. 28	Gas-MCF 729

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. 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.

Dennis Heller
(Signature)
Agent
(Title)
4/29/82
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 30 1982**, 19_____
BY _____ Orig. Signed by
Les Clements
TITLE **Oil & Gas Insp.**

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 multiple completed wells.

RECEIVED

APR 29 1962

CHIEF
HONORS OFFICE