

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Hopper-Barnett, Inc.

Address P.O. box 1706, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain) |
| <input checked="" type="checkbox"/> Recompletion | <input checked="" type="checkbox"/> Oil | Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM) |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |
| | <input type="checkbox"/> Dry Gas | |
| | <input type="checkbox"/> Condensate | |

If change of ownership give name and address of previous owner Exxon Corp., U.S.A., P.O. Box 1600, Midland, Tx 79702-1600

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|---------------------------------|---------------------------|
| Lease Name <u>Bondurant Federal</u> | Well No. <u>1</u> | Pool Name, including Formation <u>Yates, Seven Rivers</u> | Kind of Lease <u>Federal</u> | Lease No. <u>63368</u> |
| Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>13</u> Township <u>19S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

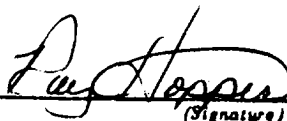
| | |
|---|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co.</u> | Address (Give address to which approved copy of this form is to be sent) <u>Box 159, Artesia, NM 88210</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>13</u> Twp. <u>19S</u> Rge. <u>32E</u> | Is gas actually connected? <u>no</u> When |

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.


(Signature)

President

(Title)

October 4, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 9 1987, 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 deviated 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.

IV. COMPLETION DATA

| | | | | | | | | | |
|--|---|---------------|-------------------------|---------------|---------------|----------------------|-----------|------------------|-------------|
| Designate Type of Completion - (X) | | Oil Well X | Gas Well | New Well X | Workover X | Deepen | Plug Back | Same Res't. X | Ill. Res't. |
| Date Spudded 11-29-86 | Date Compl. Ready to Prod. 10-1-87 | | Total Depth 3316 | | | P.B.T.D. 3192 | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR. 3632 | Name of Producing Formation Yates-Seven Rivers | | Top Oil/Gas Pay 3170 | | | Tubing Depth 3186 | | | |
| Perforations 3170 - 78 | | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | | |
| 12 1/4 | 9 5/8 | | 412 | | | 250 | | | |
| 7 7/8 | 4 1/2 | | 315 | | | 280 | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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 10-1-87 | Date of Test 10-2-87 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure 25 #S | Casing Pressure 15 #S | Choke Size |
| Actual Prod. During Test 24 hours | Oil - Bbls. 28 | Water - Bbls. 0 | Gas - MCF 1 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 |