

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

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

RECEIVED BY  
MAY -4 1987  
O. C. D.  
ARTESIA OFFICE

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 Vintage Petroleum, Inc.  
Address 502 S. Main, Suite 400 Tulsa, OK 74103

Reason(s) for filing (Check proper box):  
 New Well  
 Recompletion Same Zone  
 Change in Ownership

Change in Transporter of:  
 Oil  
 Casingshead Gas  
 Dry Gas  
 Condensate

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hudson Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Golden Lane (Strawn)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>LCO-070286</u>
Location Unit Letter <u>J</u> <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>20S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 149, Artesia, NM 88210</u>
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, TX 79999</u>
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>29</u> Twp. <u>20S</u> Rge. <u>30E</u>	Is gas actually connected? <u>Yes</u> When <u>7-31-74</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.

C. A. Helms  
(Signature)  
Proration Supervisor  
(Title)  
4-27-87  
(Date)

OIL CONSERVATION DIVISION  
APPROVED MAY 5 1987, 19  
BY Original Signed By  
Les A. Clements  
TITLE Supervisor District II

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**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
			X		X			X	
Date Spudded 4-20-73	Date Compl. Ready to Prod. 7-28-73		Total Depth 12625'			P.B.T.D. 11512'			
Elevations (DF, RKB, RT, CR, etc.) 3394' GL	Name of Producing Formation Strawn		Top Oil/Gas Pay			Tubing Depth 11079'			
Perforations 10984'-10995', 10999'-11004', 11160'-11166'						Depth Casing Shoe			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	Surf - 454'	550 BX
17½"	13 3/8"	Surf - 1617'	1150 BX
12½"	8 5/8"	Surf - 3984'	1430 BX
7 7/8"	* 5 1/2"	Surf - 12625'	200 BX

**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 3198	Length of Test 24 hrs	Bbls. Condensate/MCF 72	Gravity of Condensate 56.8°
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In) 2000#	Casing Pressure (Shut-In) ∅	Choke Size 19/64

\* Tubing - 2 3/8", set at 11079'