

COMPLETION DATA

Re-Entry

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v. X	Diff. Res'v.
Time Spudded RE: 6/13/83	Date Compl. Ready to Prod. RE: 6/21/83	Total Depth 2123			P.B.T.D. 1985			
Elevations (DF, RKB, RT, CR, etc.) 6600 DF	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 1945			Tubing Depth 1930			
Perforations 1945 - 59, Mesaverde						Depth Casing Shoe 2066		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 1/4	8 5/8	31 37	29.5 cu.ft
7 7/8	5 1/2	2066	236 cu.ft.
	2 3/8	1930	

VI. 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 6/20/83	Date of Test 2/22/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size 2
Actual Prod. During Test	Oil - Bbls. 2 2	Water - Bbls. 0	Gas - MCF 20

S WELL

Actual Prod. Test - MCF/D	Length of Test 24	Bbls. Condensate/MMCF 2	Gravity of Condensate
Setting Method (pilot, back pr.)	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in)	Choke Size

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

Operator James L. Ludwick	
Address Box 70, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion (RE-ENTRY) <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Casingshead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 8	Well No. 4	Pool Name, including Formation <i>Paper Wash</i> Undesignated Mesaverde (Oil)	Kind of Lease State, Federal or Foreign Federal	Lease No. NM-53365
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>19N</u> Range <u>5W</u> , NMPM, McKinley 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) Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casingshead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) Box 1899, Bloomfield, New Mexico 87413	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 8
	Twp. 19N	Rge. 5W
	Is gas actually connected?	When
	No	?

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.

Carl Hendricks
(Signature)
Agent
(Title)
March 8, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 30 1987
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.