

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator James L. Ludwick c/o Ned Dollar, Agent	<b>RECEIVED</b> JUN 20 1985 OIL CON. DIV. DIST. 3
Address P. O. Box 399 Aztec, NM 87410	
Reason(s) for filing (Check proper box)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Indian 18	Well No. 34111	Pool Name, Including Formation Wildcat MV	Kind of Lease State, Federal or Fee	Navajo Allotted	Lease No. N00-C-1 20-5532
Location Unit Letter I : 2310' Feet From The South Line and 330' Feet From The East Line of Section 18 Township 19N., Range 5W., 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"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) 202 Petroleum Plaza Bldg. Farmington, NM
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 : I Sec. : 18 Twp. : 19N Rge. : 5W
Is gas actually connected? No 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.

*Ned Dollar*

(Signature)  
Agent

(Title)

June 19, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 20 1985

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Resrv.	Diff. F
Date 5-28-85	Date Compl. Ready to Prod. 5-30-85	Total Depth 2070'			P.B.T.D. 2040'				
(DF, RKB, RT, GR, etc.) 6659' GR	Name of Producing Formation Wildcat	Top Oil/Gas Pay 1854.5			Tubing Depth 2000'				
Locations 1854.5, 1855, 1855.5, 1866.5, 1867, 1867.5, 1871.5, 1872, 1876.5, 1877						Depth Casing Shoe 2040'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 1/2"		7" J-55		65'		35 sx (41.3 cu ft)			
5-1/8"		2-7/8" J-55		2070'		250 sx (295 cu ft)			
		1 1/4		2000		Class B w/2% Cact			

#### 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 c OIL WELL

Date First New Oil Run To Tanks 5-30-85	Date of Test 6-17-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hr.	Tubing Pressure 20#	Casing Pressure 240#	Choke Size 1/2"
Actual Prod. During Test 7 Bbls.	Oil - Bbls. 7 Bbls.	Water - Bbls. 4 1/2	Gas - MCF 30

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Short-Is)	Casing Pressure (Short-Is)	Choke Size