NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUL 17 2 29 PH '65 AND U.S.G.S. LAND OFFICE OIL TRANSPORTER 1-Midland 1-File OPERATOR PRORATION OFFICE Operator Tidewater Oil Company Address Box 249, Hobbs, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Formerly William A & Edward R. Hudson State "A" #1 Oil Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ Wm. A. & Edward R. Hudson, 1510 1st Nat'l Bank Bldg., Ft. Worth, Texas II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee East Remont Unit 102 Exmont Queen State Location ; 660 Feet From The South Line and 660 __ Feet From The _ Rest Unit Letter_ P 37 E , NMPM, Line of Section 35 , Township 198 Range Les County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipe Line Company Box 1510, Midland, Texas Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico Warren Petroleum Corporation Unit Rge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. 37 1957 35 19 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. New Well Workover Oil Well Gas Well Deepen Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test Water-Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Tubing Pressure Casing Pressure Choke Size resting Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By: B. M. BREINING	
	(Signature)
Area Engineer	
	(Title)
July 15, 1965	
**************************************	(Date)

TITLE

APPROVED

OIL CONSERVATION COMMISSION

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 Sections I, II, III, and VI only 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.