

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

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

RECEIVED
JUN 03 1986
OIL CON. DIV
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
James L. Ludwick

Address
Box 70, Farmington, NM 87499

Reason(s) for filing (Check proper box)

☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Gas transporter from Gas Co. of NM
Pool name

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ludwick	Well No. 3	Pool Name, including Formation Papers Wash Mesaverde	Kind of Lease XXX, Federal XXX	Lease No. 33382
Location Unit Letter <u>E</u> : <u>1935</u> Feet From The <u>North</u> Line and <u>490</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>19N</u> Range <u>5W</u> , NMPM, <u>McKinley</u> 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 Corp. Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> James L. Ludwick	Address (Give address to which approved copy of this form is to be sent) Box 70, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 7	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.

AR. Ludwick
(Signature)
Agent
(Title)
6-3-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN - 3 1986, 19
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 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.

RECORDED
JUN 03 1986
CON. DIV.
DIST. 3

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/4/84	Date Compl. Ready to Prod. 11/16/84 11-30-84		Total Depth 2220		P.B. No. 3 2200			
Elevations (DF, RKB, RT, GR, etc.) 6637 Gr	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 1916		Tubing Depth			
Perforations 1916 to 1927' (12 holes)					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4"	7"	192'	59 Cubic Feet
6 1/4"	4 1/2"	2200'	295 Cubic Feet

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 1/10/85	Date of Test 1/10/85	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 4 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test Trace	Oil - Bbls. Trace	Water - Bbls. est 4 Bbl/day	Gas - MCF 10 Mcf/d

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