

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JAN 11 1978

O. C. C.
ARTESIA, OFFICE

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

Operator
Amstarco Production Company
Address
P. O. Box 67, Loco Hills, New Mexico 88255
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3-5-78
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED**
If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name **Hudson Federal** Well No. **1** Pool Name, Including Formation **Undesignated** Kind of Lease **HHH Federal HHH** Lease No. **NM18300**
Location
Unit Letter **G** : **1990** Feet From The **North** Line and **1970** Feet From The **East**
Line of Section **29** Township **17S** Range **30E** , NMPM, **Eddy**, County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Co. Pipeline Division Address (Give address to which approved copy of this form is to be sent)
P. O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
None 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 **G** Sec. **29** Twp. **17S** Rge. **30E** Is gas actually connected? **No** When

If this production is commingled with that from any other lease or pool, give commingling order number:
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 **6-23-77** Date Compl. Ready to Prod. **12-29-77** Total Depth **11,410** P.B.T.D. **3456**
Elevations (DF, RKB, RT, GR, etc.) **3609 GL** Name of Producing Formation **Queen** Top Oil/Gas Pay **1865** Tubing Depth **SN @ 2576 KB**
Perforations **Queen: 1865-70 @ 2 SPB; Queen: 2554-2564 @ 2 SPB** Depth Casing Shoe **3505' KB**
TUBING, CASING, AND CEMENT RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2" **13-3/8"** **415'** **500 Sacks**
12 1/4" **9-5/8"** **3505'** **1000 Sacks**

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 **1-4-78** Date of Test **1-10-78** Producing Method (Flow, pump, gas lift, etc.) **Pumping**
Length of Test **24 hour** Tubing Pressure **30#** Casing Pressure **30#** Choke Size **None**
Actual Prod. During Test **22 BBls** Oil-Bbls. **22** Water-Bbls. **0** Gas-MCF **9**

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

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.
Area Supervisor
January 10, 1978

OIL CONSERVATION COMMISSION
JAN 12 1978
APPROVED BY **W. A. Gessert** 19
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.