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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED
AUG 12 1985
O. C. D.
ARTESIA, OFFICE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111.
Effective 1-1-65

Operator
Anadarko Petroleum Corporation
Address
P. O. Box 2497 Midland, Texas 79702
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)
Change in Ownership Effective:
AUG 1 1985
If change of ownership give name and address of previous owner
Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

I. DESCRIPTION OF WELL AND LEASE
Lease Name Hudson Federal Well No. 1 Pool Name, Including Formation Grayburg Jackson Queen, SA Kind of Lease State, Federal or Fee Federal 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

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Company - Trans. & Supply Address (Give address to which approved copy of this form is to be sent)
P. O. Box 159, 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:
II. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
Post ID-3
9-6-85
Chg op name

III. 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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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

IV. 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.
Signature: Rob Brandes
Senior Administrative Specialist
Date: 7/25/85
OIL CONSERVATION COMMISSION
APPROVED: AUG 29 1985
Original Signed By: Les A. Clements
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.
Separate Forms C-104 must be filled for each pool in multiply completed wells.