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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-11
SANTA FE	REQUEST	REQUEST FOR ALLOWABLE	
FILE /		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	_ GAS
LAND OFFICE			
TRANSPORTER OIL		P	RECEIVED
GAS /		1	
OPERATOR /			JUL 1 4 1965
PRORATION OFFICE Operator			JUL 1 4 1303
,	•••		o. c. c.
<u>Elties Service O</u> Address	I Company		ARTESIA, OFFICE
now 60 Wohler	Marie Maritan		
Reason(s) for filing (Check prop	per box)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry G		1 name from Corpor-Hudson
Change in Ownership	Casinghead Gas Conde	ensate Ko, I to Huds	en "A" No. 1.
		•	• •
If change of ownership give na and address of previous owner	ame	ompany (nc., Artesia,	New Mariles
and address of previous owner	· ————————————————————————————————————	embers, trees to be seen to be	Han Han Lee
DESCRIPTION OF WELL.	AND LEASE	•	
Lease Name	Well No. Pool N	Jame, Including Formation	Kind of Lease
Mudson HAII	1	Funire Abe	State, Federal or Federal
Location		Property Main	
Unit Letter;;_	9316 Feet From The North Li	ine andFeet Fro	om The
J. 201101			#63 E
Line of Section	, Township Range	97 , NMPM,	County
			•
	SPORTER OF OIL AND NATURAL G		
Name of Authorized Transporter	of Oil or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)
Service Pipe Lim Name of Authorized Transporter	Company	P. C. Box 337 - Mid	profes copy of this form is to be sent)
Name of Authorized Transporter	of Casinghead Gas 🔃 or Dry Gas 🗔	Address Telve address to which ap	proved copy of this form is to be sent;
Phillips Petroles	m Company	Is Box 6666 - Gdesse,	Taxas
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	when
give location of tanks.	F 3 18-5 27-	Yes	9-1960
If this production is commingl	led with that from any other lease or pool		CTB #57
COMPLETION DATA	Oil Well Gas Well	- W-11 W-1	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Com		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	<u> </u>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Fool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUE			oil and must be equal to or exceed top allow
TEST DATA AND REQUE	able for this c	after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga	

Choke Size Length of Test Tubing Pressure Casing Pressure

Gas - MCF Oil-Bbls. Water - Bbls. Actual Prod. During Test

Bbls. Condensate/MMCF

Casina Pressure

resting Method (pitot, back pr.) Tubing Pressure

VI. CERTIFICATE OF COMPLIANCE

Actual Prod. Test-MCF/D

GAS WELL

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.

Length of Test

District Clark Title) **July \$, 1965** (Date) OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

JUL 1 4 1965 APPROVED

THE AND DAY INDEET TOO

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.

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