

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

APR 30 1962

ARTESIA, NEW MEXICO

April 30, 1962

(Place)

D. C. C.

(Date)

ARTESIA, OFFICE

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

MILDRED CRANE HUDSON

NAME

, Well No. NAME #2, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

0, Sec. 9, T. 18S, R. 27W, NMPM., RED LAKE Pool

Unit Letter

EDDY

County. Date Spudded Dec. 13, 1961 Date Drilling Completed Jan. 15, 1962

Please indicate location:

Elevation 3565 Total Depth 2350 PBDT 500

Top Oil/Gas Pay 2066 Name of Prod. Form. San Andreas

PRODUCING INTERVAL 2066-2072, 2076-2080, 2082-2084, 2092-2094, 2100-2102,
Perforations 2131-2148, 2157-2164, 2166-2174, 2204-2210, 2236-2240, 2244-2251

Open Hole $\frac{1}{2}$ to Bottom Depth 2350 Depth 2065
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

Test After ~~Acid~~ Fracture Treatment (after recovery of volume of oil equal to volume 20
load oil used): 20 bbls. oil, 15 bbls. water in 25 hrs, _____ min. Size Pumping Choke

GAS WELL TEST -

Natural Prod. Test: T.S.M. MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): Open 2"

Test After ~~Acid~~ Fracture Treatment: T.S.M. MCF/Day; Hours flowed _____

Choke Size 2" Method of Testing: Open 2"

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 80,000 Gallons Water - 80,000 Pounds Sand

Casing _____ Tubing _____ Date first new _____ 3-1-1962
Press. _____ Press. _____ oil run to tanks

Oil Transporter Continental Oil Company, Ponca City, Oklahoma.

Gas Transporter Phillips Petroleum Company, Bartlesville, Oklahoma

Remarks: This well was completed on January 15, 1962, Storage full - Waiting on Pipe
Line connection. We are requesting an allowable of 20 Barrels per Day

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: APR 30 1962, 19_____

MILDRED CRANE HUDSON

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Mildred Crane Hudson *ph*

(Signature)

Title: OPERATOR

Send Communications regarding well to:

Name: MILDRED CRANE HUDSON

Address: DRAWER T, ARTESIA, NEW MEXICO

By: M. L. Armstrong

Title: SALINE GAS INSPECTOR

OIL CONSERVATION COMMISSION

ARIZONA DISTRICT OFFICE

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55
RECEIVED

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

APR 30 1962

O. E. C.
ARTESIA, OFFICE

Company or Operator MILDRED CRANE HUDSON Lease N.M. 031186

Well No MANW #2 Unit Letter 6 S 9 T 188 R 27E Pool RED LAKE

County MOODY Kind of Lease (State, Fed. or Patented) FEDERAL

If well produces oil or condensate, give location of tanks: Unit 6 S 9 T 188 R 27E

Authorized Transporter of Oil or Condensate Continental Oil Company

Address P.O. Box 1267, Ponca City, Oklahoma.

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Phillips Petroleum Company

Address Bartlesville, Oklahoma. Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

This is a new well. Waiting on Pipe Line Connection

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 30th day of April 19 62

By Mildred Crane Hudson

Approved APR 30 1962 19

Title OPERATOR

OIL CONSERVATION COMMISSION

Company MILDRED CRANE HUDSON

By M. L. Armstrong

Address DRAWER T, ARTESIA, NEW MEXICO

Title OIL AND GAS INSPECTOR

DATE	5
TIME	
LOCATION	
STATE	
U. S. G. S.	
TRANSPORTER	
FILE	
BUREAU OF MINES	
<i>Geo. L. ...</i>	