

FORM C-104
Revised 10-1-78

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| | |
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| LAND OFFICE | <input checked="" type="checkbox"/> |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| NATURAL GAS | <input checked="" type="checkbox"/> |
| OPERATION | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | <input checked="" type="checkbox"/> |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator William A. & Edward R. Hudson
Address 1440 InterFirst Tower, Fort Worth, Tx 76102

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)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|--|---------------|
| Lease Name Puckett A | Well No. 12 | Pool Name, including Formation Maljamar | Kind of Lease State, Federal or Fee Federal | LC 029415A |
| Location Unit Letter K : 1980 Feet From The south Line and 1980 Feet From The west Line of Section 24 Township 17 Range 31, NMPM, Eddy County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | |
|--|--|------------|------------|-------------|---------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M. 88210 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. | Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla. 74003 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 24 | Sec. 17 | Twp. 31 | Rge. yes | Is gas actually connected? 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, CR, 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 |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

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)

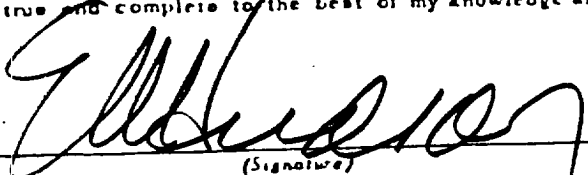
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | 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 (shot-in) | Casing Pressure (shot-in) | Choke Size |

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 above is true and complete to the best of my knowledge and belief.



Joint Owner

4/26/84

(Title)

(Date)

OIL CONSERVATION DIVISION

MAY 0 7 1984

APPROVED _____, 19____
BY Original Signed By
Lester A. Clements
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.
Separate forms C-104 must be filed for each pool in multiple