

## OIL CONSERVATION DIV. ON

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

RECEIVED BY

MAY 4 1984

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator William A. &amp; Edward R. Hudson

Address 1440 InterFirst Tower, Fort Worth, Tx 76102

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☒Dry 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. 16 Pool Name, including Formation Maljamar Kind of Lease LC State, Federal or Fee Federal Lease No. 0294152

Location Unit Letter H : 2180 Feet From The north Line and 660 Feet From The east

Line of Section 24 Township 17 Range 31 NMPM, Eddy County County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

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 ☒ or Dry Gas ☐

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 F Sec. 24 Twp. 17 Rge. 31

Is gas actually connected? When

yes

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, RAB, 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 &amp; TUBING SIZE

DEPTH SET

SACKS CEMENT

## TEST DATA AND REQUEST FOR ALLOWABLE (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 (prior, 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 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

(Signature)

(Title)

4/26/84

## OIL CONSERVATION DIVISION

APPROVED MAY 07 1984

BY Original Signed By  
Leslie A. Charnick  
TITLE Supervisor District IIThis 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 deviated 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 ownership, number, or transporter, or other such change of conditions.