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SAFETY	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

AUG 7 1963

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.

Artesia, New Mexico August 6, 1963
(Place) (Date)

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

WILLIAM A. & EDWARD R. HUDSON Lowe Federal, Well No. 1, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

P. Sec. 35, T.17-S, R.31-E, NMPM, Wildcat Pool
Unit Letter

Eddy County. Date Spudded June 23, 1963 Date Drilling Completed July 29, 1963

Please indicate location:

Elevation 3812 D.F. Total Depth 4367 PBD 4341

Top Oil/Gas Pay 4307 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4307-30

Open Hole Depth Casing Shoe 4366 Depth Tubing 4311

OIL WELL TEST -

Natural Prod. Test: 24 bbls. oil, bbls water in 24 hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 66 bbls. oil, bbls water in 24 hrs, min. Size Choke Open

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

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

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals. plus 1500 gals. 15% Acid

Casing Tubing Date first new Press. oil run to tanks August 1, 1963

Oil Transporter The Permian Corporation

Gas Transporter

Remarks:

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

Approved AUG 7 1963, 19 WILLIAM A. & EDWARD R. HUDSON
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

By: Ray L. Gray
(Signature)

Title Consulting Engineer.

Send Communications regarding well to:

Name WILLIAM A. & EDWARD R. HUDSON

Address 302 Carper Bldg., Artesia, New Mexico

DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	1
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator WILLIAM A. & EDWARD R. HUDSON				Lease LOWE FEDERAL		Well No. #1	
Unit Letter P	Section 35	Township 17-S	Range 31-E		County Eddy		
Pool Wildcat				Kind of Lease (State, Fed Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter P	Section 35	Township 17-S	Range 31-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation				Address (give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (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:

Vented. No purchaser near.

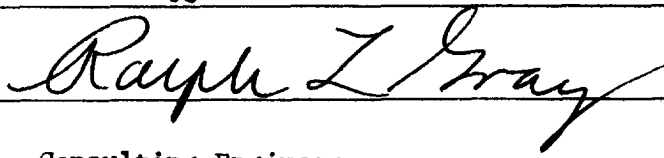
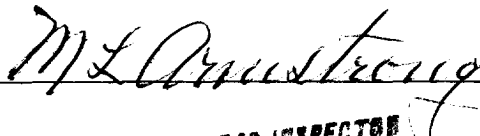
REASON(S) FOR FILING (please check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	

RECEIVED
 AUG 7 1963
 O. C. C.
 ARTESIA, OFFICE

Remarks

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

Executed this the 6th day of August, 19 63.

OIL CONSERVATION COMMISSION		By	
Approved by	 OIL AND GAS INSPECTOR	Title	
Title		Company	Consulting Engineer.
Date	AUG 7 1963	Address	WILLIAM A. & EDWARD R. HUDSON 302 Carper Building Artesia, New Mexico