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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

RECEIVED
JUL - 5 1978
O. C. C.
ARTESIA, OFFICE

I.

Operator
WILLIAM A. & EDWARD R. HUDSON ✓

Address
Box #193, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Puckett "B"	27	Maljamar (G-sa)	State, Federal or Fee Federal	LC-029415B

Location
Unit Letter B : 25 Feet From The north Line and 1345 Feet From The east
Line of Section 25 Township 17S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Texas-New Mexico Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
Box #2528, Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
Bartlesville, Oklahoma 74004

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	25	17S	31E	Yes	6-21-78

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-29-78	6-30-78	3905	3898
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3901 KB	San Andres	3700	3850
Perforations			**Depth Casing Shoe**
3700-23 and 3854-95			3904

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	710	450
7-7/8	5-1/2	3904	500
	2 3/8"	3850	

V. 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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-21-78	6-30-78	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24			Open
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	60	0	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

VI. CERTIFICATE OF COMPLIANCE

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.

Ralph L. Gray
(Signature)

Consulting Engineer
(Title)

July 3, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL - 7 1978, 19

BY W. A. Gressett

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.