•	10	· • •	_			
ŀ	SANTA FE	NEW MEXICO OL CO		014	Fbrm C-104	
ł	FILE	REQUEST F	OR ALLOWABLE		RECEIVED BY	110-C-104 and (- 1-65
ł	U.S.G.5.	AUTHORIZATION TO TRAN				1
t	LAND OFFICE	Addition for the final			SEP 26 1984	1
	TRANSPORTER OIL					
	GAS .V	• •.			O. C. D.	1
.	OPERATOR V PRORATION OFFICE				ARTESIA, OFFICE	
.	Operator					
	William A. & Edward R. Hudson 🥢					
	Address Box 198, Artesia, New Mexico 88210					
	Box 198, Altesia, New Mexico 88210 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
1	Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens	ate			
I	f change of ownership give name					
	and address of previous owner					
11 1	DESCRIPTION OF WELL AND L	EASE				
Ī	Lease Name	Well No. Pool Name, Including For	rmation Kin	nd of Lease	Federal	Lease N
	Puckett "B"	32 Maljamar(G-SA)	Sta	te, Federal	Federal	LC-02941
	Location 1005		04151			
	Unit Letter N ; 1295' Feet From The SOUTH Line and 2615' Feet From The West					
	Line of Section 25 Township 17S Range 31E , NMPM, Eddy Count					

III. [DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to w	List approx	d conv of this form i	. 10 ha anul
	Name of Authorized Transporter of Oil 😰 or Condensate				ed copy of this form i	s to be sent/
	Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas		P.O. Drawer 159 Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petroleum Co.		Bartlesville, Ok. 74003			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected?		POT 8, 1984	
	give location of tanks.	F 25 17S 31E	Yes	A.	g. 15, 196 0	
	If this production is commingled with	n that from any other lease or pool, g	rive commingling order nu	mber:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover I	Deepen	Plug Back Same I	Res'v. Diff. In
2	Designate Type of Completion		X	2p		1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	Aug. 22, 1984	Sept. 8, 1984	4013'		4012'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	3874 KB	Grayburg-San Andres	3844		3833 Depth Casing Shoe	
	Periorations 3844-62, 3880	4013				
		CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS C	EMENT
	12 1/1	8 5/8" 2 3/8"	863		680_sx	
	7 7/8"	5311	4013 3833		650_sx	ananan maharitak manak, disaka kara kara k
				of load oil i	and must be equal to	or exceed top a
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 able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lif	t, etc.)	1-20-3
	Sept. 8, 1984	Sept. 21, 1984	Pumping Casing Pressure	·	Choke Size	PUST 12-8
	Length of Test 24 hrs.	I uping Pressure				10 mg y B
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.		Gas-MCF	
		50	191			
	CAS WELL Note: Produced water is returned to formation in waterflood project					
	UNS HEDD		Bbls. Condensate/MMCF	wateri	Gravity of Condens	
	Actual Prod, Test-MCF/D	Length of Test	Bots, Condensate/ MMCr			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	n)	Choke Size	
				·		
VI	CERTIFICATE OF COMPLIANCE		OIL CO	NSERVA	TION COMMISS	ION
	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.		11 · · · · · · · · · · · · · · · · · ·	CT 0 4	1984	. 19
			Original Signed By			
			BYLesite A. Clements			
			TITLE Supervisor District II			
	Kalay L'man		Ttable le e reque	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or demo		
	(Signature)		I wait this form must be accompanied by a teculation of the day			
	Consulting Engineer		tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely form			
	(Tule)		able on new and recompleted wells.			
		26, 1984	Fill out only Sections I, II, III, and VI for changes of e well name or number, or transporter, or other such change of com-			
	(Date)		well name or number, or transporter, or other such change of com			