

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	William A. & Edward R. Hudson ✓	Well API No.
Address	P.O. Box 9, Maljamar, New Mexico 88264	
Reason(s) for Filing (Check proper box)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
8809 JV-P Puckett	2	Maljamar (GR-SA)	State, Federal or Fee	LC-029415-B
Location				
Unit Letter <u>K</u> : <u>2310'</u> Feet From The <u>S</u> Line and <u>1650'</u> Feet From The <u>W</u> Line				
Section <u>25</u> Township <u>17</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Navajo Refining Company		P.O. Drawer 159, Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Company		Bartlesville, Okla. 74003				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	F	25	17	31E	Yes	11/22/93
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11/10/93	11/20/93		4100'		4084'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GR 3866.6	GR-SA		3807'		3761'			
Perforations	3807-3845				Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	400'	500 sx.
11 "	8 5/8"	4150'	1500 sx.
	2 3/8	3761	1-28-54 comp + BK

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-21-93	11-27-93	Rod Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	40#	30#	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
109	76	33 Load water	70

GAS WELL

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

VI. OPERATOR 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.

Signature J.B. Smith
Printed Name J.B. Smith, Prod. Supt.
Date 12/6/93 Telephone No. 505-676-2266

OIL CONSERVATION DIVISION
Date Approved DEC 27 1993
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator well name.
- 4) Separate Form C 101.