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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator William A. & Edward R. Hudson		Well API No. 30 015 05520
Address P.O. Box 9, Maljamar, New Mexico 88264		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Other (Please explain)
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Re-entry
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shugart B	Well No. 4	Pool Name, Including Formation Queen, Gr. SA	Kind of Lease State, Federal or Fee	Lease No. LC-062052
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>west</u> Line Section <u>11</u> Township <u>18S</u> Range <u>31E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 N.A. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK. 74003			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 11	Twp. 18S	Rge. 31E
	Is gas actually connected? no		When? NA	

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	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded 3-4-91	Date Compl. Ready to Prod. 3-15-91	Total Depth 4116	P.B.T.D. 4116					
Elevations (DF, RKB, RT, GR, etc.) 3733 GR	Name of Producing Formation Queen, GR, SA	Top Oil/Gas Pay 3733'	Tubing Depth 4000'					
Perforations 3733' - 3376'	4030' - 4042'	Depth Casing Shoe 4126'						

TUBING, CASING AND CEMENTING RECORD

Existing HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	795'	200 sx.
7 7/8"	5 1/2"	4126	1200 sx.
	2 7/8"	4000'	

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 1-16-92	Date of Test 1-20-92	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24	Tubing Pressure 30 psi.	Casing Pressure 30 psi.	Choke Size
Actual Prod. During Test 301 bbls.	Oil - Bbls. 57	Water - Bbls. 244	Gas - MCF 35

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: Dwaine Howard
 Printed Name: Dwaine Howard Prod. Supt.
 Title: _____
 Date: 1-21-92 Telephone No. 505-676-2266

OIL CONSERVATION DIVISION

Date Approved JAN 31 1992

By ORIGINAL SIGNED BY MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT I

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 or number, transporter or other such data.