

Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

FEB 20 1992

O. C. D.
ARTESIA OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Shugart B</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Queen, Gr.-SA</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC 062052</u>
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> , <u>NMPM</u> , <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"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159, Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, OK 74003</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>11</u>
	Twp. <u>18S</u>	Rge. <u>31E</u>
Is gas actually connected? <u>no</u>		When? <u>3/1/92</u>

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	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>3/4/91</u>	Date Compl. Ready to Prod. <u>3/15/91</u>	Total Depth <u>4116</u>	P.B.T.D. <u>4116</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3733 GR</u>	Name of Producing Formation <u>Queen, GR, SA</u>	Top Oil/Gas Pay <u>3733'</u>	Tubing Depth <u>4000'</u>					
Perforations <u>3733'-3376'</u>	<u>4030'-4042</u>	Depth Casing Shoe <u>4126'</u>						
Existing								
HOLE SIZE <u>11"</u>	CASING & TUBING SIZE <u>8-5/8"</u>	DEPTH SET <u>795'</u>	SACKS CEMENT <u>200 sx.</u>					
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>4126'</u>	<u>1200 sx.</u>					
	<u>2-7/8"</u>	<u>4000'</u>						

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 <u>1/16/92</u>	Date of Test <u>1/20/92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure <u>30 psi.</u>	Casing Pressure <u>30 psi.</u>	Choke Size
Actual Prod. During Test <u>301 bbls.</u>	Oil - Bbls. <u>57</u>	Water - Bbls. <u>224</u>	Gas- MCF <u>35</u>

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 Prod. Supt.
Printed Name Dwaine Howard Title
Date 2/19/92 Telephone No. 505-676-2266

OIL CONSERVATION DIVISION

Date Approved FEB 28 1992

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