

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

MAY 17 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator  
**Hughes Production Co. /**Address  
**c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

**Effective 5/1/82**If change of ownership give name and address of previous owner **Marks & Garner Production Co., Box 763, Hobbs, NM 88240**II. DESCRIPTION OF WELL AND LEASE **Tract #5** **NM-025778A**

Lease Name <b>N. Shugart Queen Unit</b>	Well No. <b>6</b>	Pool Name, including Formation <b>Shugart Y-SR-Qu-GB</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>Above</b>
Location Unit Letter <b>K</b> : <b>2310</b> Feet From The <b>South</b> Line and <b>1650</b> Feet From The <b>West</b> Line of Section <b>21</b> Township <b>18S</b> Range <b>31E</b> , NMPM, <b>Eddy</b> 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"/> <b>Texas-NewMexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2528, Hobbs, NM 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2197, Houston, Texas 77001</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>21</b>
	Twp. <b>18S</b>	Rge. <b>31E</b>
	Is gas actually connected? <b>Yes</b>	When <b>1961</b>

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

## 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIG. SIGNED BY: DONNA MOULT

(Signature)

Agent

(Title)

5/13/82

(Date)

## OIL CONSERVATION DIVISION

APPROVED **MAY 17 1982**BY **W. A. Gressett**, 19  
SUPERVISOR, DISTRICT II

TITLE

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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.