COPIES RECEIVED						
JISTRIBUTION		NEW VENUE OF THE PROPERTY OF T				
TA FE	NEWN	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE				C-104 and C-110
LE /-	-		ND	, Ç.	Effective 1-1-65	
,.s.g.s.	ALITHOPIZAT		PORT OIL AND N	スイルはかまし へんぐ		
LAND OFFICE	AUTHORIZAT	ION TO TRAINS	OKTOIL AND IN	AL GAS	ECE	VEN
TRANSPORTER OIL /					·	
OPERATOR /					MAY 22:	557
Operator	<del>                                     </del>					3
PENNZOIL COM	PANY				<b>\$.</b>	
1007 Midland	Savings Buildin	g, Midland	d, Tex <b>a</b> s 797	01		
Reason(s) for filing (Check prop	er box)		Other (Please	explain)		
New Well	Change in Transpo	rter of:				
Recompletion	011	Dry Gas				
Change in Ownership X	Casinghead Gas	Condensate	e [_]			
If change of ownership give na	ime Cralin C Con	marsi Cla	Oil Paparte	s Car Sar	wi cee	
and address of previous owner	SCOILE & COL	<del></del>	<del></del>	s or Gas per	A1C69	<del></del>
DESCRIPTION OF WELL	Box 763, Hol	JDS, Mew M	EXTCO			
DESCRIPTION OF WELL A	Well No. Pool Na	ne, Including Form	rtion 6   1	Kind of Lease		Less No.
Hudson-Federal	1	Vildcat		State, Federal or Fee	Federal	070286
Location			<u> </u>			
C Unit Letter ;	838.4 Feet From The	north ineg	ູ 1650	Feet From The	est	
Onit Letter,				_ reet riom the		
Line of Section 4	Township 21-S	Range 29	-E , NMPM,		<b>E</b> d <b>dy</b>	County
DESIGNATION OF TRANS						
Name of Authorized Transporter			idress (Give address to			be sent)
Admiral Crude Oi	_		ox 1345, Mi			
Name of Authorized Transporter			dress (Give address to			be sent
Delhi Gas Pipe L			apoline Cor		, leves	
If well produces oil or liquids,	Unit Sec. Tw		gas actually connected		~ 3/ A	
give location of tanks.	C 4 2	L-5 25-6	Mo. G.	DOOR	5-26-6	
If this production is commingle COMPLETION DATA						
Designate Type of Com	$\begin{array}{c} \text{Oll Well} \\ \text{Oll Well} \end{array}$	T I	w Well Workover	Deepen Plug B	ack   Same Res'	v. Diff. Res'v.
			X			
Date Spudded	Date Compl. Ready to F		otal Depth	P.B.T.	,170'	1
8-19-66	11-8-66		1,650'		·	
Elevations (DF, RKB, RT, GR, e	•		op Cil/Gas Pay . <b>1,098</b> °	Tubing	,976¹	
3428.7 GR	Strawn		.1,000		Casing Shoe	
Perforations 11,098-11,102'					475'	
22,030 22,202	TUBING	CASING AND C	EMENTING RECORD			
= 0.75			DEPTH SE		SACKS CEM	ENT
HOLE SIZE	CASING & TUB	NG SIZE.	DEF   F 3E	1		E IN 1
20	1.6	1	566		400	
20	16		566		400	
15	11-3/4		1624		1075	
15 11			1624 4052		1075 1075	
15 11 7-7/8	11-3/4 8-5/8 5½		1624 4052 11,475		1075 1075 675	
15 11 7-7/8 TEST DATA AND REQUES	11-3/4 8-5/8 5½		1624 4052 11,475 recovery of total volum	e of load oil and must	1075 1075 675	ceed top allow-
15 11 7-7/8 TEST DATA AND REQUES	11-3/4 8-5/8 5½ ST FOR ALLOWABLE	able for this depth	1624 4052 11,475		1075 1075 675	ceed top allow-
15 11 7-7/8 TEST DATA AND REQUES	11-3/4 8-5/8 5½ ST FOR ALLOWABLE	able for this depth	1624 4052 11,475 recovery of total volum or be for full 24 hours)		1075 1075 675	ceed top allow-
15 11 7-7/8 TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank	11-3/4 S-5/8 5½ ST FOR ALLOWABLE	able for this depth	1624 4052 11,475 recovery of total volum or be for full 24 hours) reducing Method (Flow,		1075 1075 675 be equal to or ex	ceed top allow-
15 11 7-7/8 TEST DATA AND REQUES	11-3/4 8-5/8 5½ ST FOR ALLOWABLE	able for this depth	1624 4052 11,475 recovery of total volum or be for full 24 hours)	pump, gas lift, etc.)	1075 1075 675 be equal to or ex	ceed top allow-
15 11 7-7/8 TEST DATA AND REQUES OIL WELL Date First New Cil Run To Tank	11-3/4 S-5/6 5½ ST FOR ALLOWABLE  Date of Test  Tubing Pressure	able for this depth P:	1624 4052 11,475 recovery of total volum or be for full 24 hours) reducing Method (Flow,	pump, gas lift, etc.)	1075 1075 675 be equal to or ex	ceed top allow-
15 11 7-7/8 TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank	11-3/4 S-5/8 5½ ST FOR ALLOWABLE	able for this depth P:	1624 4052 11,475 recovery of total volum or be for full 24 hours) reducing Method (Flow,	pump, gas lift, etc.) Choke	1075 1075 675 be equal to or ex	ceed top allow-

4 Point VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

**GAS WELL** 

4150

I.

11.

III.

IV.

V.

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.

Length of Test

Tubing Pressure (Shut-in)

4100

Challed Lance	
(Signature)	
Production Manager	

(Title)

May 16, 1967

(Date)

13/64 facker OIL CONSERVATION COMMISSION

Gravity of Condensate

54.5

Choke Size

APPROVED	$[K_1]_{i=1}^{n}$	291967		19
· · · · · · · · · · · · · · · · · · ·	ax	Grassel	<i>f</i>	

## 

Bbls. Condensate/MMCF

129.1

Casing Pressure (Shut-in)

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 multiply completed wells.