NO. OF COPIES REC	EIVED	1	
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SANTA FE			
FILE			
U.S.G. <b>S</b> .			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

## NEW MEXICO OIL CONSERVATION COMMIL .ON REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

FILE	KEGOEST	AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	NI CAE		
LAND OFFICE	AUTHORIZATION TO TR	ANSFORT OIL AND NATURA	AL GAS		
OIL		RECEIVED			
TRANSPORTER GAS		REDEIVE			
OPERATOR					
PRORATION OFFICE		AUG 3 1973			
Operator					
Tevas International	Petroleum Corporation -	0.00			
Address	CLI OTEUM COI POLA CION	ARTESIA, OFFICE			
1720 Wilco Bldg., Mi	lland, Texas 79701	ARIESIA, ELLIOT	1		
Reason(s) for filing (Check proper		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	OII Dry G	as 🗍			
Change in Ownership	Casinghead Gas Conde	ensate			
If change of ownership give ner					
and address of previous owner.					
II. DESCRIPTION OF WELL A	ND LEASE				
Lease Name	Well No. Pool Name, Including F				
Hudson-Federal Comm	1 Dos Hermanos	(Morrow) State, Fe	deral or Fee Federal LCO 70286		
Location					
Unit Letter J ;	1650 Feet From The South Li	ne and 1650 Feet F	rom The East		
Ont Detter					
Line of Section 29	Township 20S Range	30E , NMPM, E	ddy County		
			· · · · · · · · · · · · · · · · · · ·		
II. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	AS			
Name of Authorized Transporter of			pproved copy of this form is to be sent)		
		1			
Name of Authorized Transporter o	Casinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)		
SI Awaiting Market	<del></del>				
	Unit Sec. Twp. P.ge.	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.		No hes	11-26-73		
	i with that from any other lease or pool,	· · · · · · · · · · · · · · · · · · ·	**************************************		
If this production is commingle V. COMPLETION DATA	with that from any other lease or pool,	#14e comminging order number:			
	Oli Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Comp	etion $-(X)$				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
4-20-73	7-25-73	12,625	12,034		
Elevations (DF, RKB, RT, GR, et		Top O!l/Gas Pay	Tubing Depth		
3394 GL	Upper Morrow	11.777	11,523		
Perforations //717-783 193	1-798 11800-804	****	Depth Casing Shoe		
11,777-11,804	· · · · · · · · · · · · · · · · · · ·		12,625		
223777 223001	TUBING CASING AN	D CEMENTING RECORD	1		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
26"	20"	454	750 sx		
17-1/4"	13-3/8"	1617	1350 sx		
12-1/4"	8-5/8"	3984	1730 sx		
7-7/8"	5-1/2"	12625	1730 SX 570 SX		
	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load epth or be for full 24 hours)	i oil and must be equal to or exceed top allow-		
OII, WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, &	as lift, etc.)		
Date I list hew Oil half to talks					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF		
Actual Flods During 1980					
<u> </u>					
CAC WEST					
GAS WELL	I anoth of Tast	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Teet	Bbis. Condensate/MMCF	49.5		
CAOF 10144	4-1/2 hrs.		Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	1		
Back Pressure	4941	0	2.25" Orifice		
I. CERTIFICATE OF COMPL	ANCE	OIL CONSE	RVATION COMMISSION		
		∥ พ∩∨ ๑ ๔	9 1973		
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.  APPROVED NOV 2 9 1973  BY					
		a (1) a Grassett			
		DY COLOR	BY		
		TITLE AH AND CAS INC			
		11			
Ochelm			in compliance with RULE 1104. allowable for a newly drilled or deepened		
MIM	S(gnature)	well this form must be acco	empanied by a tabulation of the deviation		
· ·		tests taken on the well in	ecordance with RULE 111.		
<u>Division Engineer</u>	/Title	All sections of this for	n must be filled out completely for allow-		
(Title)		able on new and recomplete			
8-2-73	/Data t	Fill out only Sections well name or number, or tran	I. II. III, and VI for changes of owner, sporter, or other such change of condition.		
	(Date)		must be filed for each pool in multiply		
	And the second s	romatefad walls			