

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

NOV 20 1973

RECEIVED	4
DISTRIBUTION	
SANITARY	
STATE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator Texas International Petroleum Corporation	O. C. C.
Address 1720 Wilco Building, Midland, Texas 79701	ARTESIA, OFFICE
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name HUDSON-FEDERAL COMM.	Well No. 1	Pool Name, Including Formation Dos Hermanos (Morrow)	Kind of Lease State, Federal or Fed. Federal	Lease No. LC0-70286
Location				
Unit Letter J	1650	Feet From The South	Line and 1650	Feet From The East
Line of Section 29	Township 20S	Range 30E	, NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
none at present				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	1800 Wilco Building, Midland, Texas 79701			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 29	Twp. 20S	Rge. 30E
	Is gas actually connected?		When 26 11-22-73	
yes				

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.	Full Res.
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 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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

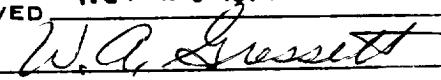
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


D. C. Helm (Signature)
Division Engineer (Title)

November 19, 1973 (Date)

OIL CONSERVATION COMMISSION

NOV 29 1973

APPROVED _____, 19____
BY 
TITLE **OIL AND GAS INSPECTOR**

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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes in well name or number, or transporter, or other such change of well data.

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