	DISTRIBUTION SANTA FE I FILE I U.3.G.S. LAND OFFICE IRANSPORTER OIL GAS I	REQUEST	REQUEST FOR ALLOWABLE Sur			C-104 sedes Old C-104 and C-110 stre 1-1-85	
1.	OPERATOR I PRORATION OFFICE	APR 2 4 1974					
	Texas International Potroloum Corporation <b>C.C.</b>						
	ARTESIA, OFFICE 1720 Wilco Building, Midland, Texas 79701						
	eason(s) for filing (Check proper bax)						
	New Well	Change in Transporter of: Oil Dry Gas I Ale and the Transport Change of the Change of					
	Change in Ownership	Casinghead Gas Conden	nsate X	t i to the sea		l'an	
	If change of ownership give name and address of previous owner						
H.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name Hudson-Federal Comm.	Well No. Pool Name, Including Fo 1 Dos Hermanos		Kind of Lease State, Federal	or Fee Fede		
	Location				Fede	ral LCO 70286	
	Unit Letter_J ; 1650	nit Letter; <u>1650</u> Feet From TheSouth Line and <u>1650</u> Feet From TheEas t					
	Line of Section 29 Tow	mship 20S Range	30E , NMPN	, Eddy		County	
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of Oll Summit Gas Company		Address (Give address				
	Name of Authorized Transporter of Cas	ame of Authorized Transporter of Casinghead Gas or Dry Gas X		405 United Gas Building, Houston, Texas 77002 Address (Give address to which approved copy of this form is to be sent)			
	Unit Sec. Twp. Page.		Box 1384, Jal, New Mexico 88252				
	If well produces oil or liquids, give location of tanks.	J 29 20S 30E	yes		11-26-73		
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling orde	r number:		, 	
	Designate Type of Completio	n - (X)	New Well Workover	Deepen	Plug Back	Same Restv. Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u> </u>	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Perforations		<u> </u>		Depth Casing	Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEMENT		
	TOT DATA AND DEOUTET E	PALLOWARLE (Test must be of		me of load oil r	i and must be equi	al to at exceed top allow-	
	EST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)         Date of Test       Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks		Producing Method (r tow, pump, 303 ti)				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
ľ	Actual Prod. During Test	O:1-Bbla,	Water-Bbla.		Gaa-MOF		
	alaan ka taa ahaa da ahaa da ahaa ahaa ahaa aha		<u> </u>				
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbla, Condensate/MMC	£	Gravity of Co	rdanacte	
	Actual Prod. Test-MCP7D	Lengen of Test	EDIST CONCERNENCY MARK	• 			
ĺ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
	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.		OIL CONSERVATION COMMISSION APPROVED APR 2 4 1974				
			BY_ W. C. Sressett				
			TITLE OIL AND GAS INSPECTOR				
-	D. C. Helm (Signature)		This form is to be filed in compliance with RULE (104. If this is a requisit for allowable for a newly drilled or deepened well, this form must be uccomparied by a tabulation of the deviation tests taken on the well in accordance with RULE (11. All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
	Division Engineer (Title)						
	April 23, 1974		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.				
	(Da	Separate Forma C-104 must be filed for each pool in multiply					
	a Bart sona bi senga anna sabiter	· · · · · · · · · · · · · · · · · · ·	n soomolated wells.				