

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

AUG 27 1974

Operator Texas International Petroleum Corporation	
Address 1720 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" 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"/>	

If change of ownership give name
and address of previous owner

O. C. C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson-Federal	Well No. 1	Pool Name, including Formation Golden Lane (Strawn)	Kind of Lease State, Federal or Fee Federal	Lease No. LC070286
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"/> Summit Gas Company	Address (Give address to which approved copy of this form is to be sent) 405 United Gas Building, Houston, Tx 77002					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 29	Twp. 20S	Pge. 30E	Is gas actually connected? Yes	When 7-31-74

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'v.	Diff. Res'v.
		X	X			X		X
Date started 7-20-74	Date Compl. Ready to Prod. 7-31-74		Total Depth 12,625'		P.B.T.D. 11504'			
Elevations (DF, RKB, RT, CR, etc.) 3394 GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 11160		Tubing Depth 11079'			
Perforations 11160-11166					Depth Casing Shoe 12625'			
TUBING, CASING, AND CEMENTING RECORD								
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		570 SX			

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 1148	Length of Test 24 hr	Bbls. Condensate/MMCF 58	Gravity of Condensate 54.5° API
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1983 psi	Casing Pressure (Shut-in) Packer-0 psi	Choke Size 15/64"

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.

DZ Murphy G. L. Murphy
(Signature)
Division Engineer
(Title)
8-21-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 17 1974
BY W. A. Gusscott, 19
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 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.