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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		TT	-
BRODATION OFFICE		T	

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NEW MEXICO OIL CONSERVATION CON. SION

Form C-104

	FILE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND MATHRAL (
	LAND OFFICE	RE	NSPORT OF ENDNATURAL (JAS	
	TRANSPORTER OIL	•			
	GAS		FEB 4 1975		
	OPERATOR		LD = 1075		
I. PRORATION OFFICE					
	Texas International Petroleum Corporation ARTESIA, OFFICE				
Address					
1720 Wilco Building, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)					
	Recompletion	Oll Dry Ga:	₩ 7	4 6	
	Change in Ownership	Casinghead Gas Conden	sate 🔥 🛴		
	If change of ownership give name				
	and address of previous owner				
11.	II. DESCRIPTION OF WELL AND LEASE				
_	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Hudson-Federal 1 Golden Lane (Strawn) State, Federal or Fee Federal LC0702				
	Location	0 1)	3.050	Fact	
	Unit Letter J : 1650	Feet From The South Line	e and 1650 Feet From	The East	
	Line of Section 29 Tow	mship 20S Range 30	DE , _{NMPM} , Eddy	County	
	Line of Section 29 Tow	main 203 Runge O	, 1461 161,	County	
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s		
	Name of Authorized Transporter of Oil		Address (Give address to which appro	ved copy of this form is to be sent)	
	The Permian Corporation	on	Box 1183, Houston, Texas 77000		
	Name of Authorized Transporter of Cas		Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas Co	ompany Unit Sec. Twp. Rge.	Box 1384, Jal, New Mexico 88252		
	If well produces oil or liquids, give location of tanks.	J 29 20S 30E		-31 <i>-</i> 74	
	<u> </u>	<u> </u>	<u> </u>		
IV.	If this production is commingled wit COMPLETION DATA	n that from any other lease or pool,	give comminging order number:		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completio		1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	C)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	radine of Fronteing 1 ostation			
	Perforations		<u></u>	Depth Casing Shoe	
TUBING, CASING, AND CEMENTING			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		· · · · · · · · · · · · · · · · · · ·			
			1		
w	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
OII. WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ist, etc.)	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	inding Pleasure	Gazing 1 1555 Z		
	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	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	I doing Pleasure (Shit-In)			
	CONTROL OF COMPLIANT		OIL CONSERV	ATION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE		FEB 4			
	I hereby costify that the rules and I	regulations of the Oil Conservation	APPROVED T	- 19	
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.		By W. C. Sresset			
		BY OUDERWOOD DIGERROOF IN			
		TITLE SUPERVISOR DISTRICT IL			
			This form is to be filed in compliance with RULE 1104.		
G. L. Murphy (Signature) Division Engineer		If this is a request for allowable for a newly drilled or deepens d 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 allow-
			(Title)		able on new and recompleted wells.
February 3, 1975		well name or number, or transporter, or other such change of condition			
(Dute)		well name of names, or the filed for each pool in multiply			

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.