

FILE		
G.S.		
ID OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-105
Effective 1-1-65

RECEIVED

FEB 7 1977

Operator
Texas International Petroleum Corporation (T I P C O)
Address
Suite 300, 3535 N.W. 58th Street - Oklahoma City, Oklahoma 73112
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)
If change of ownership give name and address of previous owner

O. G. C.
ARTESIA OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Federal Co.	Well No. 1	Pool Name, Including Formation Doa Hermanos (Hollow)	Kind of Lease State, Federal or Fee State	Lease No. K-6675
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"/> Uni Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 36158, Houston, Texas 77036			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal, New Mexico 88252			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 29	Twp. 20S	Rge. 30E
Is gas actually connected?		When		
Yes		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 Rest'y.	Diff. Rest'y.
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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

John J. Garfield
(Signature)
Manager of Engineering

(Title)
February 4, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 16 1977
BY *W. A. Gussett*
TITLE SUPERVISOR, DISTRICT II

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.