Submit 5 Copies Appropriate District Office Appropriate Assertion Control of the Control of the

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

SEP 1 3 1991

Santa Fe, New Mexico 87504-2088 SEP 1 3 1991											
I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS										
Operator		I O I I IAI	ioi Or	11 OIL	- AND NA	TUNAL G		API No.			
Hadson Petroleum (U	JSA), In	ıc.								į	
Address P.O. Box 26770, Ok	lahoma	City, C	OK 73	126					-		
Reason(s) for Filing (Check proper box)					Otl	ner (Please expl	zin)				
New Well Change in Transporter of:											
Recompletion Change in Operator X	Oil	_	ry Gas	닐							
If change of operator give name	Casinghead	i Gas 📋 C	ondensar		·		··	·			
and address of previous operator Baruch-Foster Corporation, P.O. Box 26770, Oklahoma City, OK 73126											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	Well No. 1 Post Paine, Includ							of Lease	Le	ase No.	
Location Location		1	South	Carl	sbad (S	troud)	State	Federal or Fee	<u> </u>		
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line											
Section 6 Townshi	p23S	R	ange	27	'F N	мрм,	Eddy	,		Country	
						MPM,	Eudy			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					u)	
Name of Authorized Transport of Contract o											
El Paso Natural Gas Co.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978					d)	
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	wp.	Rge.	Is gas actual	y connected?	10/22	/76			
If this production is commingled with that i	rom any othe	r lease or poo	oi, give co	omningli	ng order num	ber:			,,,,		
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compi. 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 S	hoe		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				CEIVIEIVII	DEPTH SET	<u> </u>	SACKS CEMENT			
	THE TOURIST OF THE TENTE OF THE				DEPTH SET			SAOIIS CEMENT			
V TEST DATA AND DEOLIES	T FOR A					-					
V. TEST DATA AND REQUES OIL WELL (Test mount be after re	I FOR A	LLOWAB	LE								
OIL WELL (Test must be after re Date First New Oil Run To Tank	Description M	exceed top allow thod (Flow, pur	wable for this	depth or be for j	full 24 hours	1.)					
	Date of Test				LICONCINS IN	suiou (<i>riow</i> , pie	np, gas iyi, ei		r. ted	Tn. 3	
Length of Test	Tubing Pressure				Casing Press.	ne		Choke Size Posted ID.3			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			GAS- MCF & WA DP			
								4			
GAS WELL	_							· · · · · · · · · · · · · · · · · · ·		L	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Cond	ensule		
Foreign Mother ()											
Testing Method (pitot, back pr.)	Tubing Press	aure (Shut-in)			Casing Press	ure (Shut-in)		Choke Size			
VI OPERATOR CERTIFIC	A TITL OF	201 === -									
VI. OPERATOR CERTIFICAL I hereby certify that the price and receive	ALE OF (COMPLI	LANCE	:	OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					I.A.	
is true and complete to the best of my knowledge and belief.					Date Approved 501 2 6 1992						
4/17					Date Approved						
Japan a James						_					
Signature Stephen C. Zamets Engineering Manager						By ORIGINAL STONED BY					
Stephen C. Zamets Engineering Manager Printed Name					MIKE-WILLIAMS						
September 9, 1991 (405) 235-9531 Date Title SUPERVISOR, DISTRICT IS											
		i elenho	me NA		1						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.