

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

JUN 16 1992

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Hadson Petroleum (USA), Inc. Well API No. \_\_\_\_\_

Address P.O. Box 26770 Oklahoma City, OK 73126

Reason(s) for Filing (Check proper box) ☐ Other (Please explain) \_\_\_\_\_

New Well ☐ Change in Transporter of: ☐

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Operator ☐ Casinghead Gas ☐ Condensate ☒

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Joell Well No. 1 Pool Name, Including Formation South Carlsbad (Strawn) Kind of Lease State, Federal or ☒ Lease No. \_\_\_\_\_

Location Unit Letter C 660 Feet From The North Line and 1980 Feet From The West Line

Section 6 Township 23S Range 27E NMPM. Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256, Wichita, KS 67201

Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks. Unit   Sec.   Twp.   Rge.   Is gas actually connected? Yes When? 10-22-76

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
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 Tank	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 (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Darrel Hardy Adm. Mgr  
Printed Name 6/4/92 Title (405) 235-9531  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved JUL 20 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.

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