

**DISTRICT I**  
P.O. Drawer DD, Artesia, NM 88210

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

## OIL CONSERVATION DIVISION

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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
	20 15 00 00 03

Hudson Energy Resources Corporation  
Address

P.O. Box 25956, Oklahoma City, OK 73125-0956

Reason(s) for Filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator Hadson Petroleum (USA), Inc., P.O. Box 26770, Oklahoma City, OK 73126

## II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Little Jewel Com.	1	South Carlsbad <i>Stamw</i> <i>(Morrow)</i>	Fee	
Location				
Unit Letter	F	: 1980	Feet From The North Line and 1900	Feet From The West Line
Section	31	Township	22S 32S	Range 27E, NMPM, Eddy County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil <input type="checkbox"/>		or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>		or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Llano, Inc. - 25%				P.O. Box 1320, Hobbs, NM 88240		
El Paso Natural Gas Co. - 75%				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?	When ?
					Yes	9/30/71 10/05/76

If this production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spurkled		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		
							Part ID-3		
							4-16-93		
							by op name		

### 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.)

OIL WELL		(Test must be after recovery of total volume of total well)	
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

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
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 Bruce E. Hankins Engineering Technician  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date 04/06/93 Telephone No. (405) 232-2212

## OIL CONSERVATION DIVISION

Date Approved APR 22 1993

By ORIGINAL SIGNED BY  
WILLIAM  
Title SUPERVISOR, DIST. 11

## Title

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

- 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.