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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC 23 1991

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	3	anta re, nev	v ivie	XICO 6/3(	14-2000		O. C.	D.		
	REQUEST F						ARTESIA	PERCE		
I. TO TRANSPORT OIL AND NATURAL GA							API No.			
Hadson Petroleum (U	iSA). Inc.					Well	HI 1110.			
Address	<u> </u>					i				
	kla. City, O	K 731	26	. <u> </u>						
Reason(s) for Filing (Check proper box)	~ .	<b>.</b>		Oth	et (Please expl	ain)				
New Well	Change i	n Transporter of:  Dry Gas								
Recompletion Change in Operator	Casinghead Gas	_	$\mathbf{x}$							
If change of operator give name	Casagnote Gas	CONCERN						· · · · · · · · · · · · · · · · · · ·	<del></del>	
and address of previous operator										
Lease Name	DESCRIPTION OF WELL AND LEASE use Name Well No.   Pool Name, Includin					ng Formation Kind of Lease Lease No.				
Saik	1   Carlsbad S			Strawn			State, Federal or Fee			
Location	<u> </u>	1						<u> </u>		
Unit Letter B	. 990	_ Feet From The	No	rth Line	and1	.980 Fe	et From The	East	Line	
Section 17 Townshi	<sub>p</sub> 22S		.7E		ирм, Е	ddy			County	
III. DESIGNATION OF TRAN	SPODTED OF C	NI AND NA	THE	AL CAS						
Name of Authorized Transporter of Oil	or Conde				address to wh	hich approved	copy of this fo	orm is to be sen	1)	
Mustang Fuel Corporation				2000 Classen Center-800E Okla. City, OK 73106						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas	l their life a	Tu   1	D 1		ox 1492,			9978		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.   1	kge.	ls gas actually Yes	connected?	When	1-3-75			
If this production is commingled with that	from any other lease or	pool, give comm	ninglin	g order numb	er:	-				
IV. COMPLETION DATA	louw.	. 1 0 111	<del></del>		•••	1 5	T	<u> </u>	<u> </u>	
Designate Type of Completion	Oil Wel	I Gas We	11 I	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v I	
Date Spudded	Date Compl. Ready to	o Prod.	1	Total Depth	·····	1	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Γορ Oil/Gas F	Pay		Tubing Depth			
Perforations	<u> </u>						Depth Casin	g Shoe		
		<del></del>								
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE OILE	CASING & TUBING SIZE			DEFIN SET			OAONO CEMENT			
								-		
V. TEST DATA AND REQUES	T FOD ALLOW	ARIE					:			
	ecovery of total volume		musi be	e equal to or	exceed top allo	wable for this	depth or be f	or full 24 hours	,)	
	Date of Test				thod (Flow, pu				<u>·                                      </u>	
	· · · · · · · · · · · · · · · · · · ·		1		<del></del>					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
	! :			<del></del>						
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test	E	Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF COL	OT IANICE	—ir							
I hereby certify that the rules and regula				C	IL CON	ISERVA	NOITA	DIVISIO	N	
Division have been complied with and t	hat the information giv									
is true and complete to the best of my k	nowledge and belief.			Date	Approved	d				
Kantl !					1 1		1/1 Ba			
Signature			-	Ву		(· · · · · · · · · · · )				
Darrel Hardy	Manager of		ratli	on -		A P	$=_{iA}^{-i}U$			
Printed Name 12/16/91	(405)235	Title 5-9531		Title_			1			
Date		phone No.	-							

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.