

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

O. C. D.
OFFICE

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

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 _____ Well No. _____ Pool Name, Including Formation _____ Kind of Lease _____ Lease No. _____
Saik 1 Carlsbad Strawn State, Federal or (Fee)

Location _____
Unit Letter B 990 Feet From The North Line and 1980 Feet From The East Line
Section 17 Township 22S Range 27E, NMPM, Eddy 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)
Koch Oil Company P.O. Box 2256, Wichita, KS 67201

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

If well produces oil or liquids, _____ Unit _____ Sec. _____ Twp. _____ Rge. _____ Is gas actually connected? _____ When? _____
give location of tanks. Yes 1-3-75

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 (prior, 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 _____ Adm. Mgr _____
Darrel Hardy Title _____
Printed Name _____ (405) 235-9531
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JUL 20 1992
By _____
Title _____

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.