

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

3064/R  
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SEP 27 1984

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator James L. Ludwick

Address P. O. Box 70, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

NOO-C-14-20-5528

Lease Name <u>Indian 17</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Wabiat Mesaverde</u>	Kind of Lease <u>Navajo</u>	Lease No.
			State, Federal or Fee <u>Allotted</u>	
Location				
Unit Letter <u>E</u>	<u>1650</u>	Feet From The <u>North</u>	Line and <u>530</u>	Feet From The <u>West</u>
Line of Section <u>17</u>	Township <u>T19N</u>	Range <u>R5W</u>	NMPM, <u>McKinley</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>The Permian Corporation</u>	<u>Box 1183 Houston, Texas 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>17</u>	Twp. <u>19N</u>	Rge. <u>5W</u>	Is gas actually connected? <u>No</u>	When <u>No Plans - TSTM</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Sandra D. Durham (Signature)  
Sandra D. Durham (Title)  
8/26/84 (Date)  
Agent

OIL CONSERVATION DIVISION

SEP 27 1984  
APPROVED \_\_\_\_\_  
BY Original Signed by FRANK L. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-3-84	Date Compl. Ready to Prod. 5-5-84	Total Depth 2105'			P.B.T.D. 1990'			
Elevations (DF, RKB, RT, GR, etc.) 6640 GR	Name of Producing Formation Menefee	Top Oil/Gas Pay 1847			Tubing Depth 2 3/8 @ 1920			
Perforations 1864 - 1969					Depth Casing Shoe 2095			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4	7		203		35			
6 1/4	4 1/2		2089		215			
	2 3/8		1920					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 5-5-84	Date of Test 5-17-84	Producing Method (Flow, pump, gas lift, etc.) SWAB	
Length of Test 2 Hours	Tubing Pressure	Casing Pressure	Choke Size 1/2
Actual Prod. During Test .83	Oil - Bbls. 10	Water - Bbls. 8.3	Gas - MCF 504

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size