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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

3091/N1
3007/N2

I. Operator
James L. Ludwick
Address
PO BOX 70
Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
INDIAN 18
Well No. 1-83
Pool Name, including Formation
Wildcat-Mesaverde
Kind of Lease
Navajo
State, Federal or Fee
Allotted
Lease No.
NOO-C-14-20-5531
Location
Unit Letter
H
1865 Feet From The North Line and 330 Feet From The East
Line of Section 18 Township 19-N Range 5-W, NMPM, McKinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
The Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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
H
Sec.
18
Twp.
19N
Rge.
5W
Is gas actually connected?
No
When
No Plans-TSTM

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
7-5-1983
Date Compl. Ready to Prod.
8-10-1983
Total Depth
2130
P.B.T.D.
1970
Elevations (DF, RKB, RT, GR, etc.)
6640 GR
Name of Producing Formation
Menefee
Top Oil/Gas Pay
1847
Turing Depth
2 3/8 @ 1944
Perforations
1847-48, 1862-67, 1923-24, 1934-38
Depth Casing Shoe
2120
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
8 3/4
6 1/4
CASING & TUBING SIZE
7
4 1/2
3 3/8
DEPTH SET
197
2120
1944
SACKS CEMENT
30 Cu Ft
250 Cu Ft

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)

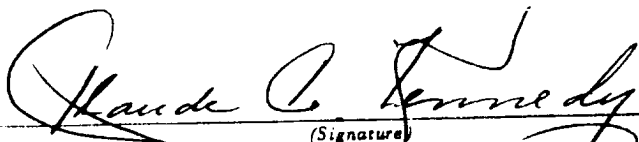
| | | | |
|--|---------------------------|---|---------------------|
| Date First New Oil Run To Tanks 8-10-1983 | Date of Test 8-10-1983 | Producing Method (Flow, pump, gas lift, etc.) SWAB | |
| Length of Test 12 HRS | Tubing Pressure | Casing Pressure | Choke Size 2 3/8 |
| Actual Prod. During Test | Oil-Bbls. 2.5 | Water-Bbls. 5 | Gas-MCF TSTM |

GAS WELL

| | | | |
|----------------------------------|-------------------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test 12 HRS | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) DIV. 3 | Casing Pressure (shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)

Claude C. Kennedy--Agent
(Title)

8-29-83
(Date)

OIL CONSERVATION COMMISSION

AUG 31 1983

APPROVED _____, 19____

BY _____

SUPERVISOR DISTRICT # _____

TITLE _____

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.