

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator James L. Ludwick		RECEIVED SEP 27 1984 OIL CON. DIV. DIST. 3
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

Lease Name Ludwick	Well No. 1	Pool Name, including Formation Undesignated Mesaverde	Kind of Lease Federal	Lease No. NM 33382
Location				
Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>360</u> Feet From The <u>East</u>				
Line of Section <u>7</u> Township <u>19N</u> Range <u>R5W</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

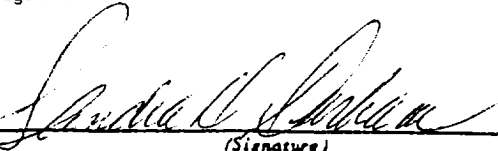
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	Box 1183 Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Gas Company of New Mexico	Box 1899, Bloomfield NM 87413	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 7
	Twp. 19N	Rge. 5W
	Is gas actually connected? When	
	No	

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.


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

3-6-85 OIL CONSERVATION DIVISION
APPROVED _____
BY Original Signed by FRANK T. CHAVEZ MAR 06 1985
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reserv.	Diff. Reserv.
		X		X					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
4-17-84	5-3-84			2105'			2085'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6608 GR	Point Lookout			1847			2 3/8" 1945		
Perforations							Depth Casing Shoe		
1844 - 1957							2105'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4	7	201	35
6 1/4	4 1/2	2105	250
	2 3/8	1945	

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	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 750	Length of Test 3 Hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate 39
Testing Method (pilot, back pr./ Back Pressure)	Tubing Pressure (shut-in) 720	Casing Pressure (shut-in) 720	Choke Size 1 1/2"