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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

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MAR 05 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.)
DIST. 3

I. Operator James L. Ludwick 11633

Address Box 70, Farmington, NM 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain)
Gas transporter from Gas Co. of NM
Pool name

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ludwick</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Papers Wash Mesaverde</u>	Kind of Lease <u>XXX, Federal XXX</u>	Lease No. <u>33382</u>
Location Unit Letter <u>E</u> : <u>1935</u> Feet From The <u>North</u> Line and <u>490</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>19N</u> Range <u>5W</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"/> <u>The Permian Corp.</u> <u>2813251</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, TX 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>James L. Ludwick</u> <u>2813252</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 70, Farmington, NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>7</u>
	Twpa <u>19N</u>	Rge. <u>5W</u>
	Is gas actually connected? <u>No</u> When _____	

If this production is commingled with that from any other lease or pool, give commingling order number: 2813253

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.

AK Kendrick
(Signature)
Agent
(Title)
2-3-86
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] MAR 05 1986 19
BY _____
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 11/4/84	Date Compl. Ready to Prod. 11/16/84		Total Depth 2220		P.B.T.D. 2200				
Elevations (DF, RKB, RT, GR, etc.) 6637 Gr	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 1916		Tubing Depth				
Perforations 1916 to 1927' (12 holes)						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
8 3/4"	7"		192'		59 Cubic Feet				
6 1/4"	4 1/2"		2200'		295 Cubic Feet				

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 1/10/85	Date of Test 1/10/85	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 4 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test Trace	Oil - Bbls. Trace	Water - Bbls. est 4 Bbl/day	Gas - MCF 10 Mcfpd

GAS WELL

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