

# B. & R. SERVICE, INC.

## TEMPERATURE SURVEY

COMPANY EL PASO NATURAL GAS COMPANY  
WELL LUDWICK #24 FIELD \_\_\_\_\_  
COUNTY SAN JUAN STATE NEW MEXICO  
SEC. C-6 TWP. 29N RGE. 10W

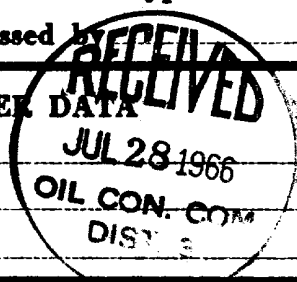
APPROX. TOP CEMENT 1150'

Survey Begins at 500' Ft. Ends at 2442' Ft.  
Approx. Fill-Up \_\_\_\_\_ Max. Temp. 98°@2300'  
Log Measured From G.L. Run No. 1

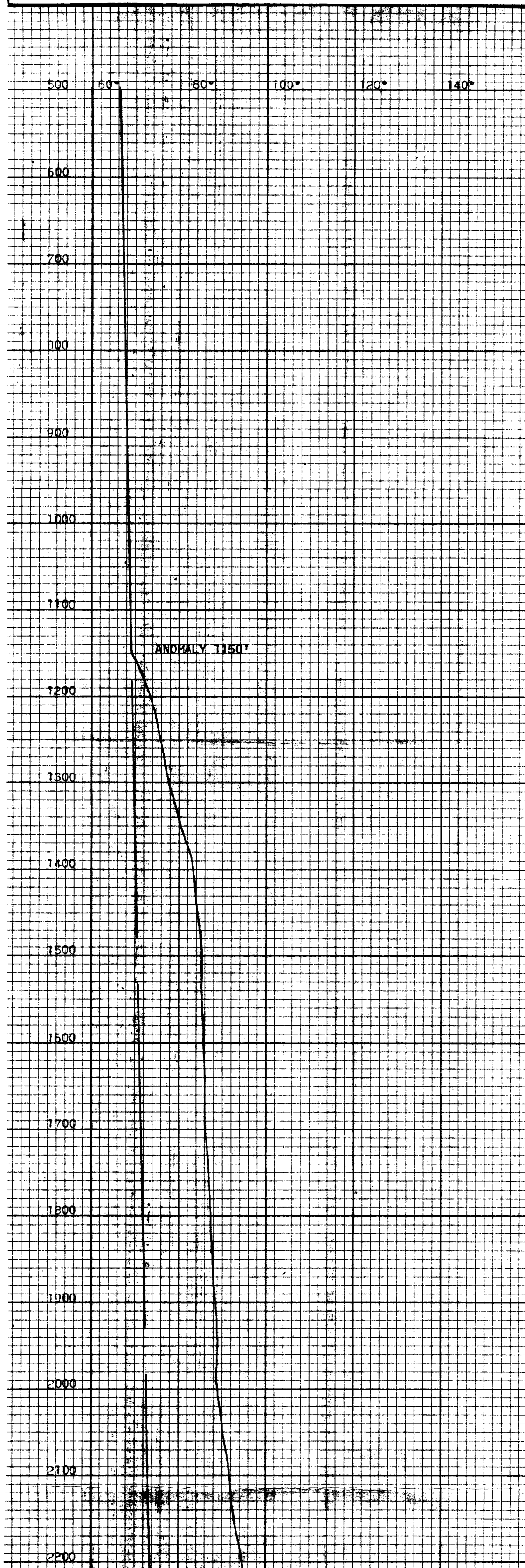
Casing Size	Casing Depth	Diam of Hole	Depth
<u>27"</u> from _____	to _____	<u>2446'</u> from _____	to _____
from _____	to _____	from _____	to _____

Date of Cementing JULY 19, 1966 Time 3:00 P.M.  
Date of Survey JULY 20, 1966 Time 3:00 A.M.  
Amount of Cement 235 SACKS Type \_\_\_\_\_  
Amount of Admix 2% GEL. Type \_\_\_\_\_  
Recorded by BEAN Witnessed by \_\_\_\_\_

REMARKS OR OTHER DATA



TEMPERATURE IN DEGREES FAHRENHEIT



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DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
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

I. Operator  
**El Paso Natural Gas Company**  
Address  
**Box 990, Farmington, New Mexico**  
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 <b>Ludwick</b>	Well No. <b>24</b>	Pool Name, including Formation <b>Aztec Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. <b>SF 078194</b>
Location Unit Letter <b>C</b> ; <b>850</b> Feet From The <b>North</b> Line and <b>1850</b> Feet From The <b>West</b> Line of Section <b>6</b> Township <b>29N</b> Range <b>10W</b> , NMPM, <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>
If well produces oil or liquids, give location of tanks. Unit <b>C</b> Sec. <b>6</b> Twp. <b>29N</b> Rge. <b>10W</b>	Is gas actually connected? When

If this production is commingling 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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>7-10-66</b>	Date Compl. Ready to Prod. <b>8-10-66</b>	Total Depth <b>2467'</b>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <b>5975' OL</b>	Name of Producing Formation <b>Pictured Cliffs</b>	Top Gas Pay <b>2351</b>	Tubing Depth <b>Tubingless Completion</b>					
Perforations <b>2351-56, 2364-74, 2399-2409</b>			Depth Casing Shoe <b>2467</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>139'</b>	<b>85 Sks.</b>					
<b>6 1/4"</b>	<b>2 7/8"</b>	<b>2467'</b>	<b>235 Sks.</b>					

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	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 <b>584</b>	Length of Test <b>3 Hrs.</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Calculated A.O.F.</b>	Tubing Pressure (shut-in)	Casing Pressure (shut-in) <b>572</b>	Choke Size <b>3/4"</b>

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.

Original Signed F. H. WOOD

**Petroleum Engineer**

**September 2, 1966**

OIL CONSERVATION COMMISSION  
APPROVED **SEP - 6 1966**, 19  
BY **Original Signed by Emery C. Arnold**  
TITLE **SUPERVISOR DIST. #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.