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U.S.G.S.	
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

RECEIVED

SEP 22 1975

I. Operator
WILLIAM A. & EDWARD R. HUDSON
Address
Box #198, Artesia, New Mexico 88210

**O.C.C.
ARTESIA, OFFICE**

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	
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 <input type="checkbox"/>

Other (Please explain)
Convert from injection well to producing well.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Puckett "A"	Well No. 24	Pool Name, Including Formation Maljamar-GBG-SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029415A
Location Unit Letter A ; 25 Feet From The north Line and 1295 Feet From The east				
Line of Section 24 Township 17 South Range 31 East , NMPM, Eddy 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"/> Texas New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box #1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks. Unit C Sec. 24 Twp. 17 Rge. 31	Is gas actually connected? Yes When

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. Sept. 22, 1975	Total Depth 3960	P.B.T.D. 3640					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3538	Tubing Depth 3540					
Perforations 3538-50	Depth Casing Shoe 3959							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
	2" tbg.		3540					
	8 3/8"		612			100		
	5 1/2"		3959			350		

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)

OIL WELL **NSL-R-1693**

Date First New Oil Run To Tanks Sept. 21, 1975	Date of Test Sept. 22, 1975	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 1	Water - Bbls. 4	Gas - MCF

GAS WELL

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

Raym L Gray
 (Signature)
Consulting Engineer
 (Title)
Sept. 22, 1975
 (Date)

**OIL CONSERVATION COMMISSION
SEP 23 1975**

APPROVED _____, 19____
 BY **W.A. Gressett**
 TITLE **SUPERVISOR, DISTRICT II**

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.