STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-70

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

CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
PED OIL CORPORATION

Address
P. O. Drawer 3547, Midland, Texas 79702

Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐ name
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Name Change

If change of ~~XXXXXX~~ give name and address of previous ~~XXXX~~ Petroleum Exploration & Dev. Funds, Inc.
name

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hudson Federal	1	Baish Wolfcamp	State, Federal or Fee Federal	LC-05468

Location
Unit Letter 0 : 660' Feet From The South Line and 1980' Feet From The East
Line of Section 15 Township 17S Range 32E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate ☐
The Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas ☐
Continental Oil Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2197, Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	15	17	32	yes	07-26-77

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 Resv.	Diff. Resv.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-27-76	4-21-77	11,652'	10,330'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4034 RKB	Baish Wolfcamp	10,674'	10,570'

Perforations 10,808-10,806-10, 743-10, 740-10, 737-10, 735-10,733-10, 731-10, 717-10,715-10,679-10,676-10 674
Depth Casing Shoe 11,652'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	462'	475 sx
11"	8 5/8"	4650'	500 sx
7 7/8"	4 1/2"	11,652'	775 sx
	2 3/8"	10,570'	

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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
3-18-77	5-15-77	pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	30 psi	30 psi	1"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
73	73	0	33

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sandy Fore
(Signature)
Production Clerk
(Title)
2-10-81
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____
BY Orig. Signed By Jerry Sexton
TITLE Dist. I, Supv.

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.