

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 08-01-83
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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator NORTH AMERICAN ROYALTIES, INC.	
Address 306 W. WALL-SUITE 1400-CLAYDESTA CENTER DOWNTOWN-MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name HUDGENS	Well No. 1	Pool Name, including Formation WILDCAT	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980' Feet From The EAST Line of Section 11 Township 16-S Range 36-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

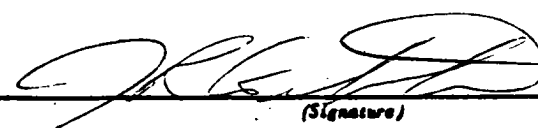
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
ENRON OIL TRADING & TRANSPORTATION CO.	P.O. BOX 20108-SHREVEPORT LA. 71120
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
UNDESIGNATED Phillips 66 Natl Gas	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit J Sec. 11 Twp. 16S Rge. 36E	NO (WELL SI) yes 3-5-87

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)
DISTRICT ENGINEER
(Title)
10/2/86
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 23 1987, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 Res'v.	Diff. Res'v.
			X	X					
Date Spudded 7/25/86	Date Compl. Ready to Prod. 9/17/86		Total Depth 12,000'			P.B.T.D. 11,884'			
Elevations (DF, RKB, RT, GR, etc.) 3883'-GR/3904.50-KB	Name of Producing Formation ATOKA		Top Oil/Gas Pay 11,573'			Tubing Depth 11,517'			
Perforations 11,792'-11,817' WITH 26 HOLES-1 SHOT PER FOOT						Depth Casing Shoe 11,993.93' KB			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/8"		427.94' KB			375			
11"	8-5/8"		4,451.30' KB			1675			
7-7/8"	5-1/2"		11,993.93' KB			1255			

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 1000 MCFPD	Length of Test 8 HRS.	Bbls. Condensate/MMCF 40	Gravity of Condensate 74.1
Testing Method (pilot, back pr.) 4 POINT TEST	Tubing Pressure (Shut-in) 2644	Casing Pressure (Shut-in) PKR.	Choke Size VARIOUS