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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

I. Operator
ROBERT N. ENFIELD
Address
P. O. Box 807, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Hudson Federal** Lease No. **1** Pool Name, including Formation **Undesignated-Queen-Penrose** Kind of Lease **Federal**
Location
Unit Letter **0** **660** Feet From The **South** Line and **1980** Feet From The **East**
Line of Section **30** Township **18 South** Range **33 East** N.M.P.M. **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company **Bartlesville, Oklahoma**
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
No **12-25-69 est.**

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
			<input checked="" type="checkbox"/>					
Date Spudded 3-13-63	Date Compl. Ready to Prod. 5-3-63	Total Depth 4349	P.B.T.D. 4349					
Elevations (DF, RKB, RT, GR, etc.) 3752 DF	Name of Producing Formation Queen-Penrose	Top Oil/Gas Pay 4343	Tubing Depth None					
Perforations None Open hole			Depth Casing Shoe None 4330					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15-1/2"	13-3/8"	230'	275 sacks
11"	8-5/8"	1307'	cut & pulled 1307'
7-7/8"	4-1/2"	4330'	170 sacks

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1,127	24 hours	0	-
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back pressure	None	375#	23/64"

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.

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY *Robert N. Enfield*
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.

Robert N. Enfield (Signature)

Operator

(Title)

December 16, 1969

(Date)