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FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

NEW MEXICO 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

Operator

Tenneco Oil Company

Address

P.O. Box 1031, Midland, Texas

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter or

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

effective 1/15/65

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

USA-Hudson

Well No.

1

Field Name, Including Formation

Undesignated

Kind of Lease

State, Federal or Fee

Federal

Location

Unit Letter

E

1980

Feet From The

North

Line and

660

Feet From The

West

Line of Section

5

Township

19-S

Range

32-E

NMPM

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

X

or Condensate

None

Address (Give address to which approved copy of this form is to be sent)

Texas-New Mexico Pipe Line Company

Box 1510, Midland, Texas

Name of Authorized Transporter of Casinghead Gas

None

or Dry Gas

None

Address (Give address to which approved copy of this form is to be sent)

None

If well produces oil or liquids, give location of tanks

Unit

0

Sec.

6

Twp.

19-S

Rge.

32-E

Is gas actually connected?

No

When

IV. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-129

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen.

Perforations

Sum. Depth

Unit. Res'tv.

Date

Date Compl. Ready to Prod.

Total Depth

Pool

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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-MMCF

GAS WELL

Actual Prod. Test-MMCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure

Casing Pressure

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.

R.O. Bowery

District Supervisor

January 1, 1965

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with Rule 104.

If this is a request for allowable on 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 104.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.