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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  
Supersede Old C-104 and C-110  
Effective 1-1-65

Operator  
**J H C PRODUCTION COMPANY**

Address  
**P. O. DRAWER II ARTESIA, NEW MEXICO 88210**

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

If change of ownership give name and address of previous owner  
**WILLIAM A. & EDWARD R. HUDSON 1000 FIRST NATIONAL BANK BUILDING FORT WORTH, TEXAS 76102**

**DESCRIPTION OF WELL AND LEASE**  
 Lease Name: **SIGNAL-ROSS** Well No.: **4** Well Name, Including Formation: **SOUTH TONTO YATES - SP** Kind of Lease: **FEDERAL** Lease No.: **NM07240**  
 Location: Unit Letter: **4D** 330 Feet From The **F-NL** Line and 990 Feet From The **F-WL**  
 Line of Section: **30** Township: **19S** Range: **33E** N.M.P.M.: **LEA** County:

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
**TEXAS-NEW MEXICO PIPE LINE COMPANY** Address: **P. O. BOX 1510 MIDLAND, TEXAS 79701**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 If well produces oil or liquids, give location of tanks: Unit: **4D** Sec: **30** Twp: **19S** Rge: **33E** Is gas actually connected? **NO** When:

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

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Test	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, KT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations	Depth Casing Shoe							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of lost 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	Production Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Drake 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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Drake Size

**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.  
*[Signature]*  
 PARTNER  
 JULY 26, 1971  
 (Date)

OIL CONSERVATION COMMISSION  
**JUL 28 1971**  
 APPROVED \_\_\_\_\_ 19\_\_\_\_  
 BY *[Signature]*  
 TITLE **SUPERVISOR**  
 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 11.  
 All sections of this form must be filled out completely for allowable or 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 multiple