Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Largy, Minerals and Natural Resources Departme.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.			
Hadson Petroleum (US	SA), Inc	·					30-	-025-263	1ε		
Address											
P.O. Box 26770	Okla.	City,	ОК	73126							
Reason(s) for Filing (Check proper box)	Other (Please explain)										
New Well	03	Change in	-								
Recompletion	Oil Corinebas	. =									
If change of operator give name	Casingnea	d Gas _	Conde	ensate XX							
and address of previous operator				 ,							
II. DESCRIPTION OF WELL	AND LE										
Lease Name Llano 34 St. Com.		Well No. #1			ing Formation			of Lease		ease No.	
· · · · · · · · · · · · · · · · · · ·		1/ 1	GL	allia Kid	ge Morro	w, East	State	Federal or Fe	ee		
Location	. 165	:0		C	a	(()	0		_		
Unit Letter	_ :		_ Feet F	rom The	outh Lin	e and66	F	eet From The	<u> East</u>	Line	
Section 34 Townsh	in 21S		Range	342	N.	3.703.7	Lea			_	
Scotton 5 Towns	.р ==0	 -	Kange	3 111	, N	МРМ,	Lea		· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN	NSPORTE	R OF O	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde	nsate	□X X	Address (Gi	re address to w	hich approved	copy of this	form is to be se	ent)	
Mustang Fuel Corporati					2000 Classen Center 800E Okla.City, OK 73106						
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					Address (Give address to which approved copy of this form is to be sent)						
Llano, Inc.	 ,							NM	88240		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		Is gas actuali	y connected?	When	?			
	1 I	34	215		Yes						
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gr	ve comming	ling order num	ber:					
TT. COM EDITOR DATA		Oil Well		Gas Well	1 N W. 11	1 322 4	7	1		_ ,	
Designate Type of Completion	- (X)	I WELL	' ! !	Cas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Ton Oil/Gas	Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						ray		Tubing Der	oth		
Perforations	!				<u> </u>			Depth Casi	na Shoe		
								i casii	ig Siloc		
	T	UBING.	CASI	NG AND	CEMENTI	NG RECOR	RD.				
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
	•••	_									
· · · · · · · · · · · · · · · · · · ·											
V. TEST DATA AND REQUE	CT FOD A	LLOW	ADLE								
					h		11.6.4				
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Tes		oj roda	ou una musi		thod (Flow, pi			for Juli 24 hour	5.)	
	· Date of Tes	•			i rocascing ivit	arou (110w, pi	erφ, gas igi, i	:sc.)			
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size			
Actual Prod. During Test Oil - Bbls.					Water - Bbls			Gas- MCF			
				WEEL - DOIS			, 080- 17101				
GAS WELL					i			•			
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	ente AAACE		T65			
	i congui or rest				Dois. College Milvici			Gravity of Condensate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
	1				İ						
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE							
I hereby certify that the rules and regul	ations of the (Dil Conserv	vation			DIL CON	ISERV	NOITA	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									ng et al.		
is true and complete to the best of my i	coowieage and	d belief.			Date	Approve	d				
(Trull						1 11 0 10					
Signature					By_						
Darrel Hardy	Manage	r of A	\dmir	istrat:	11		2 3i				
Printed Name	(/05)0	25 050	Title		Title		e. 3				
12/16/91 Date	(405)2			in							
		I CIC	phone N	₩.	 						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.