| NO OF COPIES RECEIVED | | 7 | |
|-----------------------|-----|------------|------------|
| DISTRIBUTION | | | |
| SANTA FE | | / | l |
| FILE | | [<i> </i> | |
| U.S.G.\$. | | | |
| LAND OFFICE | | | <u> </u> |
| IRANSPORTER | OIL | <u>L</u> | <u> </u> |
| INANSPONIER | GAS | | |
| OPERATOR | | 1 | <u>L</u> . |
| BOOD ATION OFFICE | | 1 | 1 |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

| | U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
|--|---|---|--|---|----------------------|--|
| TRANSPORTER OIL RECEIVED | | | | | | |
| | OPERATOR / | MAV 9 4 1070 | | | | |
| 1. | RORATION OFFICE MAY 2 4 1979 | | | | | |
| | J. M. Huber Corporation D. C. C. | | | | | |
| | 1900 Wilco Buildir | ng, Midland, Texas 79701 | | | | |
| | Reason(s) for filing (Check proper box) | designate Circles Transporter of: | Other (Please explain) | | | |
| | New Well Recompletion | Oil Dry Gas | X | | | |
| | Change in Ownership | Casinghead Gas Condense | ate | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| II. | DESCRIPTION OF WELL AND L | EASE Well No. Pool Name, Including For | mation Kind of Lease | Lease No. | | |
| | Parr | 1 Yarrow Delaware | State, Federa | or Fee Fee | | |
| | Location Unit Letter P : 990 | Feet From The South Line | and 990 Feet From | The East | | |
| | <u> </u> | 220 - 261 | Eddy | County | | |
| | Line of Section 15 Town | nship 23S Range 261 | , | | | |
| 11. | DESIGNATION OF TRANSPORT | er of Oil And NATURAL GAS | Aicress (Give address to which appro | ved copy of this form is to be sent) | | |
| | Name of Authorized Transporter of Oil None | | N/A Address (Give address to which appro | ned conv of this form is to be sent) | | |
| | Name of Authorized Transporter of Cast Transwestern Pipe | inghead Gas 🗍 or Dry Gas 🛣 | P.O. Box 1718, Roswell | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? Wh | ー/ <i>S</i> 5/ 18 /79 | | |
| | give location of tanks. | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Yes | N/A | | |
| ŧ۷. | If this production is commingled with COMPLETION DATA | | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Completio | n - (X) X | X | P.B.T.D. | | |
| | Date Spudded 7/19/77 | Date Compl. Ready to Prod. 8/9/77 | Total Depth 3011' | 2967' | | |
| | Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation Delaware | Top Oil/Gas Pay 2566' | Tuking Depth 2343' | | |
| | 3293.0' GL | Delaware | | Depth Casing Shoe 3011' | | |
| | 2566'-2592' TUBING, CASING, AND CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | 12½" | 8-5/8'' 5-1/2'' | 611' 3010' | 350 1075 | | |
| | 7-7/8" | J-1/2 | 3010 | | | |
| | | | to recovery of rotal volume of load of | and must be equal to or exceed top allow- | | |
| V | OIL WELL | 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. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.) (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.) | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (1 tob), pamp, | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF | | |
| | | | | | | |
| | GAS WELL | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | Actual Prod. Test-MCF/D 1000 | 8 hrs. | 0 | Choke Size | | |
| | Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 1083 | Casing Pressure (Shut-in) | 22/64" | | |
| U | CERTIFICATE OF COMPLIANCE | | | ATION COMMISSION 4 1979 | | |
| • | demonstrations of the Oil Conservation | | | 19 | | |
| 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. | | BY W. C. Dressell | | | | |
| | | TITLESUPERVISOR | DISTRICT. II | | | |
| | | 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. | | | | |
| Robert G. Setzier Manager | | | | | | |
| | | | | | May 23, 1979 (Date) | |
| Fill out only Sections I, II, III, and VI to Change of condition well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply | | | | | | |
| | | | 5 Separate Forms C-104 m | · · · · · · · · · · · · · · · | | |