

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
**J.M. Huber Corporation**  
 Address  
**1900 Wilco Bldg.**  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Completion  Oil  Dry Gas  **Sale of 170 bbls of oil produced**  
 Change in Ownership  Casinghead Gas  Condensate  **while testing recompletion zone.**

If change of ownership give name and address of previous owner

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>0" Cabot State</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Morton Wolfcamp</b>	Kind of Lease State, <del>Revised</del> or Fee	Lease No. <b>L-6690</b>
Location <b>L</b>	<b>1980</b>	Feet From The <b>South</b> Line and	<b>560</b>	Feet From The <b>West</b>
Line of Section <b>7</b>	Township <b>15S</b>	Range <b>35E</b>	N.M.P.M. <b>Lea</b>	County

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>1900 Wilco Bldg, Midland, TX 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <b>L</b> Sec. <b>7</b> Twp. <b>15S</b> Rge. <b>35E</b> Is gas actually connected? <b>No</b> When

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

**III. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'n.	Drill. Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Explanations: LF, KAS, RT, GR, etc.,	Name of Producing Formation	Top Oil Shoe Log	Testing Depth					
Test Dates			Depth Casing Shoe					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

Test must be after recovery of gas volume of fluid oil and must be equal to or exceed top oil rate for the depth or be on full 24 hours.

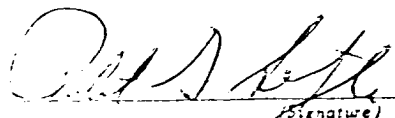
Date First New Oil Run To Tanks	Rate of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Choke Size	Wire - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing or shut-in, (pilot, back prv.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**V. 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.



District Production Manager

(Title)

July 12, 1982

(Date)

OIL CONSERVATION COMMISSION

**JUL 14 1982**

APPROVED \_\_\_\_\_, 19

ORIGINAL SIGNED BY

BY **JERRY SEXTON**

TITLE **DISTRICT 1 SUPER.**

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.