

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-104
 Supersedes Old O-101 and O-102
 Effective 1-1-65

DISTRIBUTION		
SALES FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

Operator
N. B. Hunt

Address
406 N. Big Spring Street, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of Oil	<input type="checkbox"/>
Recompletion	<input checked="" type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Mittie Weatherly	Well No. 3	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter	C	Feet From The	North	Line and	1,980
				Feet From The	West
Line of Section	21	Township	21-S	Range	37-E
					NMPM, Lea
					County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Company	P.O. Box 1510, Midland, Texas 79701
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)
El Paso Natural Gas Company	P.O. Box 1384, Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
C 21 21-S 37-E	Yes 10-16-82

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-3-47	10-19-47	6,624'	6,624'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
DF 3,455'	Blinebry	5,580'	6,096'					
Perforations			Depth Casing Shoe					
5834-6021			6,624'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	12-3/4"	250'	200
12"	8-5/8"	2,900'	1,200
8-3/4"	5-1/2"	6,624'	500

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.)	
10-10-82	10-21-82	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	50	450	150
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 (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke 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]
 (Signature)

Petroleum Engineer

10-22-82

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

OCT 28 1982
ORIGINAL SIGNED BY

BY **JERRY SEXTON**

TITLE **DISTRICT 1 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 deviated 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.

RECEIVED

OCT 26 1982

O.C.D.
HOBBY OFFICE