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TRANSPORTER	OIL	
	GAS	
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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

I. Operator  
**J.M. Huber Corporation** /  
Address  
**1900 Wilco Building, Midland, Texas 79701**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☒  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒ \* Fuel for rotary drilling rig.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Yates Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Scanlon - Strawn</b>	Kind of Lease <b>Federal</b> State, Federal or Fee	Lease No. <b>NM-04825</b>
Location Unit Letter <b>P</b> , <b>660</b> Feet From The <b>South</b> Line and <b>660'</b> Feet From The <b>East</b> Line of Section <b>32</b> Township <b>20-S</b> Range <b>29-E</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Big West Drilling Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>1714 Commerce Building, Ft. Worth, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>32</b>	Twp. <b>20-S</b>	Range <b>29-E</b>	Is gas actually connected? <b>Yes</b>	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>1/31/1967</b>	Date Compl. Ready to Prod. <b>8/13/1967</b>		Total Depth <b>12,120'</b>		P.B.T.D. <b>10,810'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3247.6 GR</b>	Name of Producing Formation <b>Strawn</b>		Top Oil/Gas Pay <b>10,586-600</b>		Tubing Depth <b>10,540</b>			
Perforations <b>10,586-10,600 - 2 holes per ft.</b>					Depth Casing Shoe <b>10,870</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2</b>	<b>13-3/8</b>		<b>704</b>		<b>800 sx (circ)</b>			
<b>12-1/4</b>	<b>9-5/8</b>		<b>3,100</b>		<b>Bottom stage 400 sx</b>			
					<b>Top stage 180 sx</b>			
<b>8-3/4</b>	<b>4-1/2</b>		<b>10,870</b>		<b>400 sx.</b>			

V. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>CAOF 3000</b>	Length of Test <b>8 hours</b>	Bbls. Condensate/MMCF <b>44</b>	Gravity of Condensate <b>49.5</b>
Testing Method (pilot, back pr.) <b>Back Packer</b>	Tubing Pressure (shut-in) <b>2604</b>	Casing Pressure (shut-in) <b>Packer</b>	Choke Size <b>1/4"</b>

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.

*John W. ...*  
(Signature)

istrict Production Superintendent  
(Title)

ptember 30, 1968  
(Date)

Fuel for rotary drilling rig.

OIL CONSERVATION COMMISSION

APPROVED OCT 1 1968, 19

BY *W.A. ...*

**OIL AND GAS INSPECTOR**

TITLE

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.