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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

RECEIVED

SEP 24 1973

Operator J.M. Huber Corporation		D.C.C.	
Address 1900 Wilco Building, Midland, Texas 79701		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Designation of Transporter of gas for S.I. gas well.	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal	Well No. 1	Pool Name, including Formation Scanlon - Strawn	Kind of Lease Federal State, Federal or Fee	Lease No. NM-04825
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 32 Township 20S Range 29E , NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 32	Twp. 20S	Rge. 29E	Is gas actually connected? Yes	When September 21, 1973

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1-31-1967	Date Compl. Ready to Prod. 8-13-1967	Total Depth 12,120'		P.B.T.D. 10,810'				
Elevations (DF, RKB, RT, GR, etc.) 3247.6 GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,586-600'		Tubing Depth 10,540'				
Perforations 10,586 - 10,600', 2 holes per foot				Depth Casing Shoe 10,870'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8"		704'		800 sx (circ)			
12-1/4"	9-5/8"		3,100'		580 sx			
8-3/4"	4-1/2"		10,870'		400 sx			
	2-3/8"		10,540'					

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 3834	Length of Test 24 hours	Bbls. Condensate/MMCF 55	Gravity of Condensate 57.8
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2909 psig	Casing Pressure (shut-in) Packer	Choke Size 2" x 5/16" Prover -

VI. 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.

James R. Sutherland
James R. Sutherland
District Production Supt.

September 21, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 25 1973**, 19

BY W.A. Grossert

TITLE

OIL AND GAS INSPECTOR

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.