DISTRIBUTION SANTA FE	REQUEST F	NSERVATION COMP "ON OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1.2 Elfective 1-1-65
U.S.G.S.		SPORT OIL AND NATURAL GA	S
LAND OFFICE OIL / TRANSPORTER GAS /		RE	CEIVED
OPERATOR /		N	IAR 2 7 1975
J.M. Huber Corpora	tion		0. C. C.
Address	q, Midland, Texas 797	701	RTEBIA, OFFICE
Reason(s) for filing (Check proper box) New Well Recompletion	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE	mation Underign Kind of Lease	Lease No.
Lease Name Allied State "Com"	1 ated Burton F	lat Morrow State, Federal o	& K-3633
Location	North	and 1980 Feet From Th	1
Unit Letter <u>C</u> ; <u>66</u>		- 1.3-	
Line of Section 14 To	wnship 21S Range 2	.7E , NMPM, Eddy	County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to which approve	d copy of this form is to be sent)
Name of Authorized Transporter of On	rchasing C	N. Freeman Ave., Art	esia, New Mexico
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas A	Address (Give address to which approve BOX 2521, HOUSTON, 7	Texas 77001
Transwestern Pipeli	ne Company Unit Sec. Twp. Pge.	Is gas actually connected? When	۱ ۲
If well produces oil or liquids, give location of tanks.	C 14 21S 27E		<u> </u>
If this production is commingled w	ith that from any other lease or pool, i	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	on = (X) X	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod. 8-20-74	11,735'	11,533'
5/5/74 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 11,395.67' KB
3235.3' GR	Morrow	11,428'	Depth Casing Shoe
Perforations 11,735' 11,428-438'; 11,444-456'			
11,420-430 / 11/1	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	700 sx
17-1/2"	<u>13-3/8"</u> 9-5/8"	3,000'	1500 sx
<u>12-1/4"</u> 8-3/4"	<u>9-5/8</u> <u>4-1/2"</u> 2-3/8"	11,735'	700 sx
8-3/4	2-3/8"	11,395'	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a oble for this de	fter recovery of total volume of load oil c epth or be for full 24 hours)	
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
Date First New On Fun 10 Funds		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casing Press a	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Proa. During 1021			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF ,	Gravity of Condensate
1,240	4 hours	Trace Casing Pressure (Shut-in)	52 Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	SICP 1200 psig	8 - 14/64"
Back Pressure	SITP 3342 psig	OIL CONSERVA	TION COMMISSION
VI. CERTIFICATE OF COMPLIANCE AUG 4 1975			1075
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.		APPROVED	
		BY	
above is true and complete to		TITLE	
\sim		a second la	compliance with RULE 1104.
James R. Sutherland		If this is a request for allo	wable for a newly drilled of despendent
James R. Suther la (Sunature)		well, this form must be accoupt	mance with RULE 111.
District Production Manager		All sections of this form mi	alls.
(Title)			
March 26, 1975 (Date)		well name or number, or transport Separate Forms C-104 mut completed wells.	II, III, and VI for change of condition rter, or other such change of condition at be filed for each pool in multip