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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

FEB 16 '89

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

I.	
Operator J. M. Huber Corporation	Well Name ARTESIA OFFICE
Address 7120 I-40 West, Suite 232, Amarillo, Texas 79106	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allied State Com	Well No. 1	Pool Name, Including Formation Burton Flat Atoka	Kind of Lease State, Federal or Free	Lease No. 1-1899 K-3633
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 14 Township 21S Range 27E, NMPM, Eddy County				

III. 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)						
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)						
Transwestern Pipeline Company	P. O. Box 1188, Houston, Texas 77251						
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 14	Twp. 21S	Rge. 27E	Is gas actually connected? Yes	When? 7-22-75	Re-commissioned 11-7-88

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
		X				X		X
Date Spudded 5-5-74	Date Compl. Ready to Prod. 11-7-88		Total Depth 11,735'		P.B.T.D. 10,900'			
Elevations (DF, RKB, RT, GR, etc.) 3235' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 10,792'		Tubing Depth 10,679'			
Perforations 10,792-804' w/4 JSPF					Depth Casing Shoe 11,735'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	606'	700 SX
12-1/4"	9-5/8"	3,000'	1500 SX
8-3/4"	4-1/2"	11,735'	700 SX
	2-3/8" tbq	10,679'	

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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Post ID-2 2-24-89 comp H2O	
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 136	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3560	Casing Pressure (Shut-in) Pkr	Choke Size 14/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Robert R. Glenn - District Production Mgr.
Printed Name
February 13, 1989
Date
(806) 353-9837
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 17 1989

By Original Signed By
Mike Williams

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.