

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	
OPERATOR		✓
PRORATION OFFICE		

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 1-1-85

AUG 22 1985

O. C. D.

ARTESIA, OFFICE

Operator J.M. Huber Corporation	
Address 1900 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request for allowable. Well produced
Recompletion <input type="checkbox"/>	420 bbls of oil during test period
Change in Ownership <input type="checkbox"/>	from 7/24/85 - 8/8/85
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "12"	Well No. 1	Pool Name, Including Formation N.W. Fenton (Delaware)	Kind of Lease State, Federal or Fee Federal	Lease No. NW-4987
Location Unit Letter <u>I</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>21S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Texas 79711					
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)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 12	Twp. 21S	Range 27E	Is gas actually connected? All prod. gas used to operate lse facilities	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/2/85	Date Compl. Ready to Prod. 7/24/85	Total Depth 3211'	P.B.T.D. 3141'					
Elevations (DF, RKB, RT, GR, etc.) GR: 3183.3' KB: 3192'	Name of Producing Formation Delaware	Top Oil/Gas Pay 2950'	Tubing Depth 3035'					
Perforations 2950-60' & 2982-92'			Depth Casing Shoe 3210'					
TUBING, CASING, AND CEMENTING RECORD								
POLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 54.5#		461'		530 sx; circ			
12-1/4"	8-5/8" 24#		2514'		1400 sx; circ			
7-7/8"	5-1/2" 17# & 15.5#		3210'		270 sx; TOC: 1760'			
	2-7/8" tbg 6.5# J-55		3035'					

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 all well able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7/24/85	Date of Test 8/8/85	Producing Method (Flow, pump, gas lift, etc.) beam pump	
Length of Test 24 hrs	Tubing Pressure N.A.	Casing Pressure	Choke Size N.A.
Actual Prod. During Test 24 hrs	Oil-Bbls. 16	Water-Bbls. 80	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Robert R. Glenn

(Signature)

District Production Manager

(Title)

August 20, 1985

(Date)

OIL CONSERVATION COMMISSION

AUG 27 1985

APPROVED _____, 19____

Original Signed By
BY Les A. Clements

TITLE Supervisor District II

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.