NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST F	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA RECOVER			
TRANSPORTER OIL GAS I OPERATOR I PRORATION OFFICE I		NOV 1 7 18	d 0		
J. M. Huber Corpor	ration	Artista, 11 a	.ti		
1900 Wilco Buildin Reason(s) for filing (Check proper box) New Well X Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		•		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND Lease Name Featherstone-McCoy Location	y 2 Yarrow (Dela	ware) State, Federa	al cr Fee Fee		
Unit Letter <u>A</u> ; 99(Feet From The North Line		The <u>Last</u> County		
Line of Section 22 Tov	wnship 238 Bange	26E , NMFM, Eddy	County		
Name of Authorized Transporter of Oll		S Address (Give address to which appro Address (Give address to which appro	-		
Name of Authorized Transporter of Car Transwestern Pipel		Address (Give address to which appro P.O.Box 156, Carls			
If well produces cil or liquids, aive location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	1/4/80		
If this production is commingled wi	th that from any other lease or pool, g	give commingling order number:			
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,		
Date Spuided	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.		
4/30/80	5/30/80 Name of Producing Formation	2682' Tep Cil/Gas Pay	2638 ' Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 3299' Ground Leve		1904'	2543 Depth Casing Shoe		
Perforations 2585'-2594'			2682'		
2505 2554		CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	632'	350 sks.Class "C"		
12½" 7-7/8"	5-1/2"	2682'	830 sks. Class "C"		
1 170			50/50 Poz		
7. TEST DATA AND REQUEST F OIL WELL Date First New Oil Bun To Tanks	OR ALLOWABLE (Test must be af able for this de	fier recovery of total volume of load of pth or be for full 24 hours) Producing Method (Flow, pump, gas i	l and must be equal to or exceed top allow- lift, etc.)		
Length of Test	Tuping Pressure	Casing Pressure	Cheke Size		
Actual Frod. During Test	O11-BEIs.	Water - Bbla.	Gas-MCF		
]			
GAS WELL Actual Prod. Test-MOF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
495	24 hrs.	O Casing Pressure (Shut-in)	N/A Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 650#	Casing Pressure (Sudd-12)	3/4"		
Orifice Meter		OIL CONSERV	ATION COMMISSION		
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	BY	1980 Jusset DISTRICE II		
all of the	4	This form is to be filed in If this is a request for all	a compliance with RULE 1104. owable for a newly drilled or deepened		
Robert G.Setzyer District Priduct	ion Manager	II tasta token on the Well IN Fee	nust be filled out completely for allow-		
November 12, 198	(iiie) 0		II, III, and VI for changes of owner, orter, or other such change of condition.		

vember	12,	1980	
		(Date)	

Fill out only S well name or number	, or tran	вроне		011101			-		
Separate Forms completed wells.	C-104	must	Ъe	filed	for	each	pool	in	multiply