

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
J.M. Huber Corporation
Address
1900 Wilco Building, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Well was purchased from Lone Star Prod. Co. & Getty Oil Co. It was then deepened to the Devonian.

If change of ownership give name and address of previous owner **Lone Star Producing Co., Box 4815, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lone Star Federal	Well No. 1	Pool Name, including Formation South Prairie-Devonian R-3533 Undesignated (Devonian)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-073-669
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 20 Township 8-S Range 36-E , NMPM, Roosevelt 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"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Attn: D.C. Kennedy, Box 900, Dallas, Tex.					
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) 75221					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20	Twp. 8-S	Rge. 36-E	Is gas actually connected? No	When Not enough to sell.

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	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'tv.	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded 6/10/1968	Date Compl. Ready to Prod. 9/4/1968		Total Depth 13,000		P.B.T.D. 12,963			
Elevations (DF, RKB, RT, GR, etc.) 4121.4 GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,871		Tubing Depth 12,843			
Perforations 12,871-873, 12,900-909, 12,917-924, 12,927-934, 12,938-941/					Depth Casing Shoe 13,000			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8*		433		400			
12-1/4	9-5/8*		4335		2390			
8-3/4	7*		9695		600			
6-1/8	4-1/2		9299-13,000		500			

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)

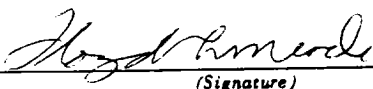
Date First New Oil Run To Tanks 8/28/1968	Date of Test 9/5/1968	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 0	Casing Pressure Packer	Choke Size 48/64"
Actual Prod. During Test 288	Oil-Bbls. 288	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


(Signature)

District Production Superintendent
(Title)

September 6, 1968
(Date)

*Note: This pipe was run originally by
Lone Star Producing Company

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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.