

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 1-1-65

I. OPERATOR

Operator: J.M. Huber Corporation

Address: 1900 Wilco Bldg., 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): _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Perry Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Prairie S. (San Andres)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-060521-A</u>
Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>17</u> Township <u>8-S</u> Range <u>36-E</u> , NMPM, <u>Roosevelt</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"/> <u>Mobil Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 663, Midland, Texas 79702</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 72, Odessa, Texas 79760</u>			
If well produces oil or liquids, give location of tanks. <u>0 17 8-S 36-E</u>	Unit	Sec.	Twp.	Range
	<u>0</u>	<u>17</u>	<u>8-S</u>	<u>36-E</u>
			Is gas actually connected? <u>Yes</u>	When <u>10/1/61</u>

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <u>12/30/60</u>	Date Compl. Ready to Prod. <u>8/25/82</u>		Total Depth <u>9702'</u>		P.B.T.D. <u>5248'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4135' KB 4124' GL</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>4980'</u>		Tubing Depth <u>5085'</u>			
Perforations <u>4980' - 4995' 4 JSPF (0.39" diameter)</u>					Depth Casing Shoe <u>9702'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13-5/8"</u>	<u>12-3/4"</u>		<u>448'</u>		<u>475 sks-circ</u>			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>4206'</u>		<u>950 sks -</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>9702'</u>		<u>650 sks @ completion</u>			
	<u>2-7/8"</u>		<u>5085'</u>		<u>sqz hole @ 5300' w/400 sks</u>			

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)

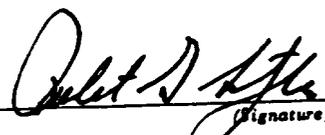
Date First New Oil Run To Tanks <u>8/6/82</u>	Date of Test <u>8/11/82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>19.5</u>	Oil-Bbls. <u>19.5</u>	Water-Bbls. <u>312</u>	Gas-MCF <u>0</u>

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.


(Signature)
District Production Manager
(Title)
November 4, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 18 1982, 19____

BY ORIGINAL SIGNED BY
JERRY SEXTON

TITLE DISTRICT 1 SUPR

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.

RECEIVED

NOV 17 1982

SOBOS OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-10,
Supersedes C-12F
Effective 1-1-

All distances must be from the outer boundaries of the Section.

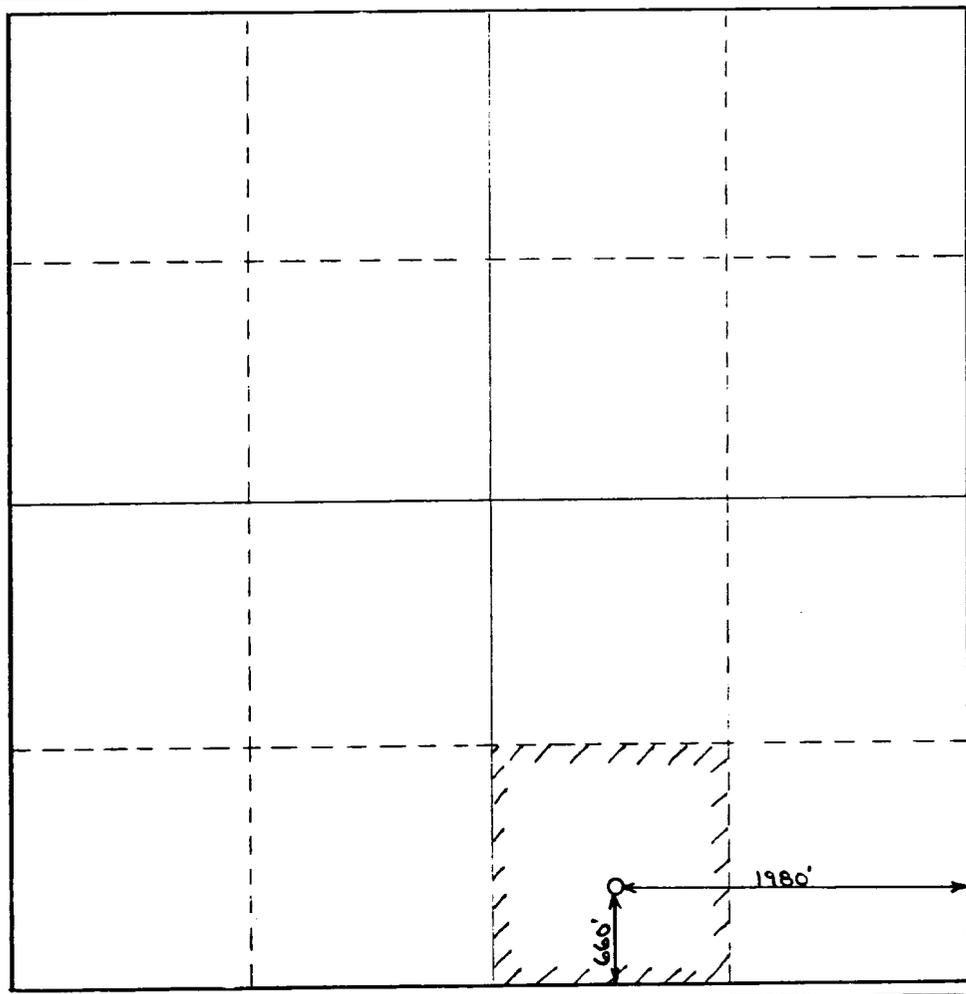
Operator J.M. Huber Corporation			Lease Perry Federal		Well No. 1
Unit Letter O	Section 17	Township T8S	Range R36E	County Roosevelt	
Actual Footage Location of Well: 660 feet from the South line and 1980 feet from the East line					
Ground Level Elev. 4124'	Producing Formation San Andres		Pool Prairie S.	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

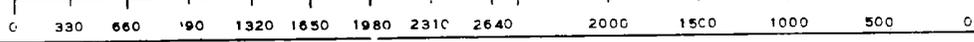
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name: *[Signature]*
 Position: **District Production Mgr.**
 Company: **J.M. Huber Corporation**
 Date: **November 4, 1982**

(915) 682-3794

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: _____
 Registered Professional Engineer and/or Land Surveyor: _____
 Certificate No.: _____



RECEIVED

NOV 17 1982

O.C.D.
HOBBBS OFFICE