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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

HOBBS OFFICE
JAN 5 11 58 AM '66
O. C. C.

I.

Operator J. M. Huber Corporation	
Address Suite 922 Vaughn Bldg., Midland, Texas	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) <i>Change in Pool</i>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pure-State	Well No. 1	Pool Name, Including Formation East Saunders Permo Penn	Kind of Lease State, Federal or Fee State
Location			
Unit Letter E	660 Feet From The East Line and 1980 Feet From The North		
Line of Section 16	Township 14-S	Range 34-E	NMPM, Lea 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"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Bldg., Midland, Texas		
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 E	Sec. 16	Twp. 14-S
			Rge. 34-E
			Is gas actually connected? No
			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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded Aug. 23, 1965	Date Compl. Ready to Prod. Oct. 8, 1965		Total Depth 10,657		P.B.T.D.			
Pool East Saunders	Name of Producing Formation Permo-Penn		Top Oil/Gas Pay 10,347		Tubing Depth 10,319			
Perforations 10486-89, 10495-502, 10442-48, 10347-430					Depth Casing Shoe 10657			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8"		400'		350			
12-1/4"	8-5/8"		4405'		200			
7-7/8"	4-1/2"		10657'		240			
	2-3/8"		10319'					

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 October 8, 1965	Date of Test December 5, 1965	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hour	Tubing Pressure 285	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test 353	Oil - Bbls. 353	Water - Bbls. - 0 -	Gas - MCF 183

GAS WELL

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

District Superintendent

(Title)

January 3, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 5 1966**, 19

BY **Engineer District 1**

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 Sections I, II, III, and VI only 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.

REPORT OF THE REPORTER OF OIL AND NATURAL GAS

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