

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
Major, Glebel & Forster
Address
1126 Vaughn 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) **CASINGHEAD GAS MUST NOT BE
CURED AFTER 4/25/71
UNLESS AN EXCEPTION TO R-107
IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name Huber Well No. 2 Pool Name, Including Formation Bagley Penn, North Kind of Lease State, Federal or Fee Fee Lease No.
Location
Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East
Line of Section 9 Township 12-S Range 33-E , NMPM, Lea County


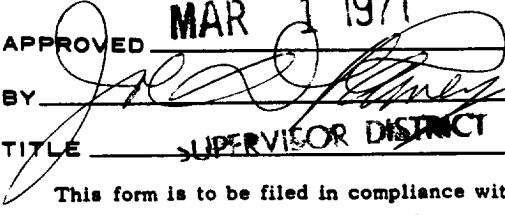

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Admiral Crude Oil Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1345, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1589, Tulsa, Oklahoma 74100
If well produces oil or liquids, give location of tanks. Unit B Sec. 9 Twp. 12-S Rge. 33-E Is gas actually connected? No When Waiting on Warren

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 X Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 1/17/71 Date Compl. Ready to Prod. 2/24/71 Total Depth 10,150 P.B.T.D. 10,115
Elevations (DF, RKB, RT, GR, etc.) 4269 KB; 4257 GL Name of Producing Formation Pennsylvanian Top Oil/Gas Pay 9516 Tubing Depth 9424
Perforations 3/8" jets @ 9516; 26; 30; 55; 59 & 81 Depth Casing Shoe 10,150
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2 12 3/4 408 400 SX
11 8 5/8 3780 300 SX
7 7/8 4 1/2 10150 530 SX

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 2/25/71 Date of Test 2/24 & 2/25/71 Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hours Tubing Pressure 320 Casing Pressure Packer Choke Size 3/4"
Actual Prod. During Test 636 Oil-Bbls. 458 Water-Bbls. 178 Gas-MCF 636

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.

Partner
(Title)
2/25/71
(Date)
OIL CONSERVATION COMMISSION
APPROVED  , 1971
BY 
TITLE SUPERVISOR DISTRICT 1
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
FEB 2 1970
CL CONSTITUTIONAL
FEDERAL