NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR				
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LAND OFFICE  TRANSPORTER GAS  GAS	FILE			
TRANSPORTER OIL GAS	U.S.G.S.			
TRANSPORTER GAS	LAND OFFICE			
GAS	TRANSSORTER	OIL		
OPERATOR	IRANSPORTER	GAS		
	OPERATOR			

ľ	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110		
ŀ	FILE	KEQ0E011	AND	Effective 1-1-65		
ŀ	U.S.G.S.	ALITHODIZATION TO TOA	NSPORT OIL AND NATURAL	GAS		
ł	LAND OFFICE	AUTHORIZATION TO TRAI	131 OKT OIL AND NATOKAL	GA3		
1						
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE Operator					
	J.M. Huber Corpora	tion				
	Address	161 17 3 M 70	# O 3			
1900 Wilco Building, Midland, Texas 79701						
Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  CASINCHEAD GAS M  FLARED AFTER				S MUST NOT THE		
				9/2/10/		
	Recompletion	Oil Dry Gas	TIMED AN EVO	EDTION TO DANIA		
Change in Ownership Casinghead Gas Condensate UNLESS AN EXCEPTION TO R-40						
			IS OBTAINED.			
	If change of ownership give name					
	and address of previous owner	# //	1 0			
II.	DESCRIPTION OF WELL AND LEASE PROPERTY PROPERTY OF THE PROPERT					
	Lease Name	Well No. Pool Name, Including Fo				
	Griffin	1 <del>Undesignated</del>	Bough "A" State, Feder	dicties Fee		
	Location					
	A . 660	Feet From The North Line	e and 660 Feet From	The East		
	Unit Letter A; 000	reet from theEma				
	(a It man	mship 14-S Range 3	6-E , NMPM,]	Lea County		
	Line of Section 4 Tow	which 14-5 Hange	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		
	PERSON ACTION OF TRANSPORT	TED OF OUT AND NATURAL GAS	2			
III.	Name of Authorized Transporter of Oil	rer of oil and natural ga	Address (Give address to which appr	oved copy of this form is to be sent)		
	The Permian Corpor	ration	1509 . Wall Midl Address (Give address to which appr	and, Texas [4](J1		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give daaress to witten appr	obed topy of sizes joint to be de delie,		
	If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	hen		
	give location of tanks.	A 4 14-S 36-E	No	Unknown		
		th that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA	in that from any other rease or poor,				
1 .		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.		
	Designate Type of Completion	on = (X)	X !			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	<u>-</u>		11 475 *	10.425		
	5/26/71 Elevations (DF, RKB, RT, GR, etc.)	7/23/71 Name of Producing Formation	11,475 Top Oil/Gas Pay	Tubing Depth		
	1		10,203	10 177		
	3947.6° GR	Bough "A"	10,203	Depth Casing Shoe		
	Perforations			10.700		
	10,203' - 10,210'	THE STATE OF THE S	CEMENTING DECORD	10,700		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
	17-1/2	13-3/8	423	350		
	12-3/4	9-5/8	4,575	450		
	8-3/4	5-1/2	10,700	340		
			<u> </u>			
1/	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or he for full 24 hours)					
₩.	OII WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ilji, etc./		
	7/20/71	7/28/71	Flow			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	12	350	Packer	24/64 Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
		179	None	290		
				····		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D					
		The state of the s	Cosing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
VI.	CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION		
			APPROVED ANG	7 1971		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED TO	, 19		
	o instanting been complied t	with and that the information given	A STATE OF THE STA			
	above is true and complete to the	e best of my knowledge and belief.	BY	SUPERVISOR DISTRICT		
			TITLE			
	11 11			n compliance with BIII F 1104		
			This form is to be filed in	n compliance with RULE 1104.		

District Production Superintendent (Title) July 29, 1971 (Date)

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.

Total Com

70

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JULE 1 1971 OIL CONSERVATION COMM. HOSUS, IL L.