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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-11
Effective 1-1-65

CASINGHEAD GAS MUST NOT BE
PLACED AFTER 6/1/81
UNLESS AN EXCEPTION TO RULE
IS OBTAINED.

Operator <u>D. H. Hunt</u>	
Address <u>406 N Big Spring, Midland, Texas 79701</u>	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Field State</u>	Lease No. <u>660</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated-Wolfcamp</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>12 S</u> Range <u>38 E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation Permian (Eff. 9 / 1 / 87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1183, Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	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 <u>A</u>	Sec. <u>21</u>
	Twp. <u>12S</u>	Rge. <u>38E</u>
	Is gas actually connected? <u>No</u>	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>12-6-80</u>	Date Compl. Ready to Prod.		Total Depth <u>12,106</u>		P.B.T.D. <u>9980'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3828' DL, 3847' RKB</u>	Name of Producing Formation <u>Wolfcamp</u>		Top Oil/Gas Pay <u>9510'</u>		Tubing Depth <u>9667'</u>			
Perforations <u>9510-20' (1 shot/ft) (10 shots)</u>					Depth Casing Shoe <u>11,278'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8" O.D.</u>	<u>473'</u>	<u>500 sks "C" (circ)</u>
<u>11"</u>	<u>8-5/8" O.D.</u>	<u>4573'</u>	<u>1940 sks (circ)</u>
<u>7-7/8"</u>	<u>5-1/2" O.D.</u>	<u>11,278'</u>	<u>750 sks (TC @ 9250')</u>

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>3-31-81</u>	Date of Test <u>4-26-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump 6 X 88" SPM</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure <u>30#</u>	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>82</u>	Water-Bbls. <u>24</u>	Gas-MCF <u>46.2</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

O.V. Stuckey
(Signature)
District Engineer
(Title)

April 27, 1981

OIL CONSERVATION COMMISSION

APPROVED APR 23 1981, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT 7

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 portions of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, lease expiration, or other changes in well status.

