DISTRIBUTIO	N	_
SANTA FE		_
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		_
PRORATION OF	TICE	

## NEW MEXICO OIL CONSERVATION COMMISS. . . .

7	<b>7</b>	
_	ര	
Form C -104	.3	
Supersedes Ol Effective 1-1-6	d C-1.04 and	C-110
Effective 1-1-6	ô5 ~	•
<b>f</b> *	77	

SANTAFE	KEWUESI F	IANDIS SELLE SE B. C.	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS 🥏
LAND OFFICE  I RANSPORTER  OIL	• •	Johnnes 31114 or explisible	AS P. C.
GAS			<i>E</i> ,
PRORATION OFFICE	The second second second		
J. M. HUBER C	ORPORATION		
Address P.	diding Midland Ter	as 70701	
Reason(s) for filing (Check proper box)	ilding, Midland, Tex	Other (Please explain)	
New Well	Change in Transporter of: Oil <b>Y</b> Dry Gas		
Recompletion Change in Ownership	Casinghead Gas Condens	<b>声</b> !	
change of ownership give name			
DESCRIPTION OF WELL AND I	LEASE		Wind of Loggo
Lease Name	Well No.   Pool Nam	e, Including Formation  esignated Morton-Lower  welfcamp	Kind of Lease State, Federal or Fee State
Stoltz Stat			
Unit Letter M; 554	Feet From The <b>South</b> Line	e and 554 Feet From	The West
Line of Section 6 , Tow	nship 15-S Range 3	5-E , NMPM,	Lea Count
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Oil		i	
Managed Transporter of Cas	(Pan American Pet.)	Address (Give dudiess to which appro	ved copy of this form is to be sent)
Denton Gasoline Plan	t (Atlantic Richfiel	d Co. Opr.) Box 696 Is gas actually connected? Wh	Lovington, N.M.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Yes	May, 1966
	h that from any other lease or pool,	give commingling order number:	
COMPLETION DATA  Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Poo!	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEF IN 321	
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ijt, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL		Phls Condensate AMCE	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Length of Test  Tubing Pressure	Bbls. Condensate/MMCF  Casing Pressure	Gravity of Condensate  Choke Size
Actual Prod. Test-MCF/D	Tubing Pressure	Casing Pressure	
Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN	Tubing Pressure	Casing Pressure OIL CONSERV	Choke Size

District Production Superintendent (Title)

6/28/1966 (Bate)

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.