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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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
J. M. HUBER CORPORATION
Address
1900 Wilco 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stoltz Federal	Well No. 2	Pool Name, including Formation Morton Wolfcamp	Kind of Lease State, Federal or Fee Federal	Lease No. 015072
Location Unit Letter 0 ; 700 Feet From The South Line and 1980 Feet From The East Line of Section 12 Township 15S Range 34E, NMFM, 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"/> Amoco Pipeline	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Nat'l Bank Bldg., Ft. Worth, Texas 76107					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12	Twp. 15S	Rge. 34E	Is gas actually connected? Yes	When 3/7/66

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/21/79	Date Compl. Ready to Prod. 9/20/79		Total Depth 10,430'		P.B.T.D. 10,423'			
Elevations (DF, RKB, RT, GR, etc.) 4054.6 GR.	Name of Producing Formation Morton Wolfcamp		Top Oil/Gas Pay 10,324'		Tubing Depth 10,430'			
Perforations 26 0.48 holes from 10,324' to 10,404'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		407'		600 sks.			
12-1/4"	8-5/8"		4537'		2350 sks.			
7-7/8"	5-1/2"		10,430'		2350			
	2-7/8"		10,265'					

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 9/20/79	Date of Test 9/21/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure 350	Casing Pressure 0	Choke Size 22/64"
Actual Prod. During Test 289	Oil-Bbls. 289	Water-Bbls. 770	Gas-MCF 486

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.

Robert G. Setzler (Signature)
Dist. Production Manager

September 21, 1979 (Date)

OIL CONSERVATION COMMISSION

APPROVED: SEP 24 1979, 19
BY: [Signature]
TITLE: SUPERVISOR DISTRICT

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

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