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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	GAS		
	TRANSPORTER GAS					
	OPERATOR					
I.	PRORATION OFFICE Operator					
	- ·	J. M. Huber Corporation				
	1900 Wilco Bui					
Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well Recompletion	Change in Transporter of: Oil Dry Gas				
	Change in Ownership	Casinghead Gas Conden	sate 🗌			
	If change of ownership give name and address of previous owner					
11.	II. DESCRIPTION OF WELL AND LEASE					
Lease Name Well No. Pool Name, Including Formation Kind of Lease						
James O'Neill 1 Morton Wolfcamp State, Federal or Fee State LG-2682						
	Unit Letter E; 76	66 Feet From The West Line	e and 1874 Feet From	The North		
	Line of Section 7 Tow	mship 15 South Range 35	East , NMPM,	Lea County		
m.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	S Address (Give address to which appr	oved copy of this form is to be sent)		
	Amoco Pipeline		2300 Continental I	National Bank Bldg.		
	Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	<u> </u>	oved copy of this form is to be sent)		
	Warren Petrole	Umit Sec. Twp. P.ge.	Box 1589, Tulsa, (	DKIANOMA /41UZ		
	If well produces oil or liquids, give location of tanks.	E 7 15S 35E	Yes	February 22, 1982		
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completion		New West Workeyer			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load or	il and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours)  Producing Method (Flow, pump, gas	lift, etc.)		
				Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	C.1014 0.114		
	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gas - MCF		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE		ATION COMMISSION		
				APPROVED MAR 1 1982 . 19		
	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.		ORIGINAL SIGNED BY			
7., 1 A10		JERRY SEXTON  TITLE				
						M. Malle
Robert G. Setzlensienature)  District Production Manager  (Title)		tests taken on the well in accordance with RULE it.				
		A W	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	District Pro	duction Manager	able on new and recompleted	Wells.		
	February 26,	itle)	able on new and recompleted  Fill out only Sections I, well name or number, or transp	wells.  II. III, and VI for changes of owner, orter, or other such change of condition.  ust be filed for each pool in multiply		