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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-110
Effective 1-1-65

~~CASINGHEAD GAS MUST NOT BE
FILED AS AN
UNLESS AN EXCEPTION TO 2-4970
IS OBTAINED.~~

I. Operator
J. M. Huber Corporation
Address
1900 Wilco Building, Midland, Texas 79701-4480
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)
J. M. Huber requests permission to sell approximately 1500 bbls of new oil collected during testing of well

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name James O'Neill	Well No. 1	Pool Name, including Formation Morton Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. LG-2682-3
Location Unit Letter <u>E</u> ; <u>766</u> Feet From The <u>West</u> Line and <u>1874</u> Feet From The <u>North</u> Line of Section <u>7</u> Township <u>15-South</u> Range <u>35-East</u> , NMPM, <u>Lea</u> 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 3119, Midland, Tx. 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 E	Sec. 7	Twp. 15S	Rge. 35E	Is gas actually connected? No	When

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

IV. 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 8-23-81	Date Compl. Ready to Prod. 10-19-81	Total Depth 10,500'	P.B.T.D. 10,448'					
Elevations (DF, RKB, RT, GR, etc.) DF-4063'	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,321'	Tubing Depth 10,266'					
Perforations 10,321'-25', 10,331'-33', 10,383'-91', 10,397'-401'			Depth Casing Shoe 10,500'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	11-3/4"		440'		300			
11"	8-5/8"		4618'		2050			
7-7/8"	5-1/2"		10,500'		1150			
	2-7/8"		10,266'					

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 10-19-81	Date of Test 10-22-81	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 18 hrs	Tubing Pressure 1075 psi	Casing Pressure 0	Choke Size 14/64"
Actual Prod. During Test 409	Oil-Bbls. 409	Water-Bbls. 0	Gas-MCF 600

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Michael D. Anderson
(Signature)
Petroleum Engineer
(Title)
October 23, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Dir. Signed By
TITLE Oil & Gas Insp.

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 completed wells.