

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

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

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2/4/84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

I. Operator
J. M. Huber Corporation

Address
1900 Wilco Bldg., Midland, Texas 79701

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
Correction

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Superior State	Well No. 1	Pool Name, including Formation Morton Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. L-6690---
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>15S</u> Range <u>35E</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"/>	Address (Give address to which approved copy of this form is to be sent) Amoco Pipeline, 302 E. Ave. A, Lovington, NM 88260	
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) Warren Petroleum, Box 38, Tatum, NM 88267	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 7
	Twp. 15S	Rge. 35E
	Is gas actually connected? <u>no</u> When <u>As soon as possible</u>	

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 <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 11/13/83	Date Compl. Ready to Prod. 01/04/84		Total Depth 10,500'		P.B.T.D. 10,420'			
Elevations (DF, RKB, RT, GR, etc.) KB 4056'	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,379'		Tubing Depth 10,255'			
Perforations 10,379'-382'; 388'-391'; 401'-404'; 408'-411'; 413'-416'; w. 2JSPF					Depth Casing Shoe 10,498'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		420'		550			
11"	8-5/8"		4516'		2100			
7-7/8"	5-1/2"		10,498'		1460			

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 01/04/84	Date of Test 01/04/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test <u>6 3/4</u> hrs.	Tubing Pressure 550 psi	Casing Pressure 0	Choke Size 20/64"
Actual Prod. During Test 137 BO	Oil - Bbls. <u>487</u>	Water - Bbls. 10	Gas - MCF 186

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.

R. R. Glenn (Signature)
District Prod. Mgr.
1-9-84 (Title)
(915)682-3794 (Date)

OIL CONSERVATION COMMISSION

JAN 16 1984

APPROVED _____, 19____

BY ORIGINAL SIGNED BY EDDIE SPOR

TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepener 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 multiple.