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SANTA FE				
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U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION CO. SSION

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

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65							
	U.S.G.S.	AUTHODIZATION TO TRA	AND ANSPORT OIL AND NATURAL	GAS							
	LAND OFFICE	AUTHORIZATION TO TRA	AND ON FOIL AND NATONAL	. 0.0							
	I RANSPORTER OIL										
	GAS										
	OPERATOR										
1.	PRORATION OFFICE Operator	<u> </u>		7							
		n									
	J.M. Huber Corporatio										
	1900 Wilco Bldg., Mid	land, Texas 79701									
	Reason(s) for filing (Check proper box)		Other (Please explain)								
	New Well X	Change in Transporter of:									
	Recompletion	Oil Dry Ga Casinahead Gas Conder									
	Change in Ownership	Casinghead Gas Conder	isdle []								
	If change of ownership give name										
	and address of previous owner										
II.	DESCRIPTION OF WELL AND	LEASE									
	Lease Name	Well No. Pool Name, Including F	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
	Superior State	2 Morton Wolfe	amp	L-6690							
	Location L 198	0 South	e and 810 Feet Fro	West							
	Unit Letter;;	Feet From The South Lin	ie and OIO Feet Fro	m ine							
	Line of Section 7 Tov	vnship 15S Range 3	35E , NMPM,	Lea County							
Ш.	DESIGNATION OF TRANSPORT		is control of the second of th	proved copy of this form is to be sent)							
	Name of Authorized Transporter of Oil		i e								
	Name of Authorized Transporter of Cas	ation Co., Inc. Zer Mulip	Address (Give address to which app	proved copy of this form is to be sent)							
	Warren Petroleum Co.	mighted data [A]	Box 38, Tatum, New	•							
		Unit Sec. Twp. Rge.		When							
	If well produces oil or liquids, give location of tanks.	K 7 15S 35E	Yes	9/26/84							
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:								
	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completion	on - (X) Oil Well Gas Well	New well workeyer Deeben	prog Same ries							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	8/17/84	9/20/84	10,500'	10,456'							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
	KB 4061'	Wolfcamp	10,406'	10,371 Depth Casing Shoe							
	Perforations 10,406'-11' w/2 JSPF	(10 holog)		10,500'							
	10,400 -11 W/Z JSFF		D CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	171/5"	13-3/8"	406'	460							
	11"	8-5/8"	4600'	1900							
	7-7/8"	5-1/2"	10,500'	1525							
				,							
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load (pth or be for full 24 hours)	oil and must be equal to or exceed top allow-							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)							
	9/20/84	9/24/84	Flow								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	24 hrs.	525 psi		18/64"							
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	396							
	l	350	13	390							
	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							
			OU CONSERV	VATION COMMISSION							
VI.	CERTIFICATE OF COMPLIANO	CE	11								
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEP 28 1984								
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			TITLE DISTRICT I SUPERVISOR 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,								
above is true and complete to the best of my knowledge and best of											
Robert R. Glenn (Signature) District Production Manager (Title) Sentember 26 1084											
								1904	well name or number, or transporter or other such change of conditions		
									Separate Forms C-104 must be filed for each pool in multiply		

RECEIVED

SEP 27 1984

O.C.D. HOBBI OFFICE