

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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

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)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4-1-86
UNLESS AN EXCEPTION TO R-4979
IS OBTAINED.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "27"	Well No. 2	Pool Name, Including Formation EK Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. LC-064944
Location Unit Letter <u>P</u> ; <u>560</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>27</u> Township <u>18S</u> Range <u>33E</u> , NMPM, 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"/> Tesoro Crude Oil	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, Texas 78286	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27
	Twp. 18S	Rge. 33E
	Is gas actually connected? When NO March 1, 1986	

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 9/21/85	Date Compl. Ready to Prod. 12/30/85		Total Depth 10,700'		P.B.T.D. 10,405'			
Elevations (DF, RKB, RT, GR, etc.) KB: 3817'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8828'		Tubing Depth 9534'			
Perforations 8828-35'; 39-44'; 64-66'; 90-97'; 9429-34'; 40-44'; 50-54'; 68-82'					Depth Casing Shoe 10,700'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		360'		375			
11"	8-5/8"		3,700'		1500			
7-7/8"	5-1/2"		10,700'		1525 in two stages			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1/29/86	Date of Test 2/4/86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 10	Gas - MCF 23

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.


Robert R. Glenn
(Signature)

District Production Manager
(Title)

February 5, 1986 (915) 682-3794
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 11 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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