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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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DISTRICT III
300 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Jack Huff		Well API No. 30-025-23826-32259
Address P. O. Box 50190, Midland, TX 79710-0190		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator		

DESCRIPTION OF WELL AND LEASE

Lease Name Meyer A-29 ¹³³⁴⁶ 2701	Well No. 11	Pool Name, Including Formation Jalmat-Tansill Yates	Kind of Lease State, Federal or Fee Federal	Lease No. NM13125
Location Unit Letter G : 2073 Feet From The North Line and 2310 Feet From The East Line Section 29 Township 22-S Range 36-E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) N/A					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Texas Commerce Tower, 201 Main St., Suite 3000, Ft. Worth TX 76102					
Well produces oil or liquids, or location of tanks.	Unit G	Sec. 29	Twp. 22-S	Rge. 36-E	Is gas actually connected? Yes	When? 2-11-94
This production is commingled with that from any other lease or pool, give commingling order number:						

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11-12-93	Date Compl. Ready to Prod. 12-14-93		Total Depth 3333'		P.B.T.D. 3329'			
Measurements (DF, RKB, RT, GR, etc.) 3526.5 RKB	Name of Producing Formation Yates		Top Oil/Gas Pay 3156'		Tubing Depth 3141'			
Formations 3169, 71, 79, 81, 96, 97, 98, 99, 3200, 01, 02, 03, 04, 05, 27, 28, 3229, 43, 60, 80, 82, 85, 91, 3305, 3306					Depth Casing Shoe 3329'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 424'		SACKS CEMENT 250			
7 7/8"	5 1/2"		3333'		805			

TEST DATA AND REQUEST FOR ALLOWABLE

NEW 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

OLD WELL

Actual Prod. Test - MCF/D 545	Length of Test 24 Hours	Bbls. Condensate/MMCF 1.83	Gravity of Condensate 40
Testing Method (pilot, back pr.) orifice meter	Tubing Pressure (Shut-in) 170 PSIG	Casing Pressure (Shut-in) 170 PSIG	Choke Size 30/64

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Chris Huff Operations Manager
Printed Name
2-28-94 Title
(915) 683-9231
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 13 1994

By
ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.