

LAND OFFICE	
TRANSPORTER	OIL
OPERATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPLICANT **7:30 AM '63**

Company or Operator <b>HUMBLE OIL &amp; REFINING COMPANY</b>				Lease <b>New Mexico</b> State <b>Lea</b>	Well No. <b>1</b>
Unit Letter <b>11011 5</b>	Section <b>18</b>	Township <b>T-22-S</b>	Range <b>R-37-E</b>	County <b>Lea</b>	

Pool <b>Sumont Gas</b>	Kind of Lease (State, Fed, Fee) <b>State</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>-</b>	Section <b>-</b>	Township <b>-</b>	Range <b>-</b>
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Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
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Is Gas Actually Connected? Yes  No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>		<b>Box 1384, Jal, New Mexico</b>

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING (please check proper box)**


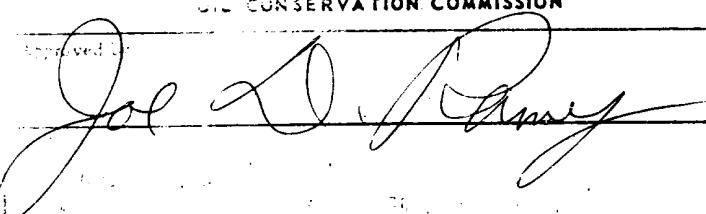
New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

In compliance with N.M.O.C.C. Memo 3-63 of 11-1-63.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 26 day of December, 1963

OIL CONSERVATION COMMISSION	By 
	Title Agent
Approved by 	Company HUMBLE OIL & REFINING COMPANY
Date JAN 1 1963	Address Box 2100, Hobbs, New Mexico 88240

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NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form G-104  
Supersedes Old C-104 and C-110  
Effective 4-1-65

**I. OPERATOR**

Operator **Wood, McShane & Thams - Colorado**

Address **P. O. Box 968, Monahans, Texas 79756**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner **Humble Oil & Refining Company Box 1600, Midland, Texas**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>New Mexico M State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Eumont</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-934</b>
Location				
Unit Letter <b>J</b>	<del>3300</del> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b>			
Line of Section <b>18</b>	Township <b>22-S</b>	Range <b>37-E</b>	, NMPM, <b>Lea</b> 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"/> <b>Texas New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1384, Jal, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit <b>C</b> Sec. <b>29</b> Twp. <b>22-S</b> Rge. <b>37-E</b> Is gas actually connected? <b>Yes</b> When <b>1963</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**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	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

**GAS WELL**

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

*B. Oliver Ward*  
\_\_\_\_\_  
Partner  
December 16, 1969  
\_\_\_\_\_  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *Joe L. ...*

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