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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-114  
 Effective 1-1-65

AUG 3 8 55 AM '68

**I. OPERATOR**

Operator: Humble Oil & Refg. Co.

Address: Box 1600 - Midland, Texas 79701

Reason(s) for filing (Check proper box):

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain):
Reopening Well <input type="checkbox"/>	Oil <input type="checkbox"/>	Change Bty Location CHANGE OPERATOR FROM <b>HUMBLE OIL &amp; REFINING COMPANY</b> <b>TO EXXON CORPORATION</b> <b>EFFECTIVE JANUARY 1, 1973</b>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Paddock (San Angelo) Unit</u>	Well No. <u>29</u>	Pool Name, including Formation <u>Paddock</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location: Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u>			
Line of Section <u>2</u> , Township <u>22-5</u> Range <u>37-E</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"/> <u>TEXAS N. Mex. P.L. Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510 - Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Skelly Oil Co</u> <u>Warren Ref Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1135 - Eunice, NM</u> <u>Box 1197</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>2</u> Twp. <u>22-5</u> Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u> When <u>6-1-68</u>

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.**

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deeper
<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Pool	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 Methods (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 (pilot, back pr.)	Tubing Pressure	Casing Pressure	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 is true and correct to the best of my knowledge and belief.

P. J. A.  
 (Signature)  
Unit Head  
 (Title)  
8-1-68  
 (Date)

OIL CONSERVATION COMMISSION  
 AUG 5 1968  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY John W. Runyan  
 Geologist  
 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 Sections I, II, III, and VI only 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 completed wells.