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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

SEP 10 1967

Operator: **HUMBLE OIL & REFINING COMPANY**

Address: **P. O. Box 1600, 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): **Formation of Paddock (San Angelo) Unit Effective 9-1-67**

If change of ownership give name and address of previous owner: **Shell Oil Corp., Box 670, Hobbs, New Mexico Rollin Crumley #3**

**DESCRIPTION OF WELL AND LEASE**

Lease Name: <b>Paddock (San Angelo) Unit</b>	Well No.: <b>52</b>	Pool Name, including Formation: <b>Paddock</b>	Kind of Lease: <b>State, Federal, Fee</b>
Location: Unit Letter <b>B</b> ; <b>554</b> Feet From The <b>N</b> Line and <b>1874</b> Feet From The <b>E</b> Line of Section <b>10</b> , Township <b>22-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County			

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipe Line Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1410, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1197, Eunice, New Mexico</b>
If well produces oil or liquids, give location of tanks. Unit <b>G</b> Sec. <b>10</b> Twp. <b>22-S</b> Rge. <b>37-E</b>	Is gas actually connected? _____ When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

Designate Type of Completion: <b>(X)</b>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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	Casing Pressure	Choke Size

**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.

**R. L. Berry**  
 (Signature)  
**Unit Head**  
 (Title)  
**8-31-67**

**OIL CONSERVATION COMMISSION**

APPROVED: **SEP 10 1967**

BY: \_\_\_\_\_

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 1111. All sections of this form must be filled out completely for allowable on new and recompleted wells.