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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-104  
Supersedes Old O-104 and O-111  
Effective 1-1-65

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1978

OPERATOR	Humble Oil & Refy Co.	CHANGE OPERATOR NAME FROM HUMBLE OIL & REFINING COMPANY TO EXXON CORPORATION EFFECTIVE JANUARY 1, 1973
ADDRESS	Box 1600 - Midland, Texas 79701	
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Change in Transporter or Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Change in Depth <input type="checkbox"/> Other (Please explain)

Change Bty Location

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

Lease Name	Well No., Feet Down, including Formation	Kind of Lease
Paddock (San Angelo) Unit	53 Paddock	State, Federal or Fee
Location	Unit Letter <u>A</u> ; <u>454</u> Feet From The <u>N</u> Line and <u>454</u> Feet From The <u>E</u> Line of Section <u>10</u> , Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas N. Mex. P.L. Co.	Box 1510 - Midland, Texas
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Co Warren Det Co	Bx 1135 - Eunice, N.M. Bx 1197 - ✓
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 2 22-S 37-E Yes 6-1-68

If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE JANUARY 31, 1977.

DESIGNATE TYPE OF COMPLETION - (X)	Oil Well	Gas Well	New Well	Workover	Deeper
X					
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				

SKELLY OIL COMPANY, MERGED INTO GETTY OIL COMPANY.

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 run for a minimum of 24 hours and must be equal to or exceed any 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 (pit-t, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given

APPROVED \_\_\_\_\_, 19  
*John W. Runyan*  
TITLE \_\_\_\_\_

Unit Head  
(Title)  
8-1-68  
(Date)

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 data to be 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.