

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
 Supersedes Old C-101 and C-110
 Effective 1-1-65

I. 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:
 Production 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
 Matthew Dille, Box 220, Hobbs, N.M.
 Lou Wintersham #17

II. DESCRIPTION OF WELL AND LEASE

Lease Name Paddock (San Angelo) Unit	Well No. 54	Pool Name, including Formation Paddock	Kind of Lease State, Federal or Fee <u>Fee</u>
Location Unit Letter <u>D</u> , <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line of Section <u>11</u> , Township <u>22-S</u> Range <u>37-E</u> , <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"/> Texas New Mexico PL Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Shelley Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135 - Clovis, N.M.
If well produces oil or liquids, give location of tanks. Unit <u>11</u> , Sec. <u>22-S</u> , Rge. <u>37-E</u>	Is gas actually connected? <input type="checkbox"/> when

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 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		

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	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 above is true and complete to the best of my knowledge and belief.

R. L. Berry (Signature)
 R. L. Berry
 Unit Head

8-31-67 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 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 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.