

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-105 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE AND			
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRORATION OFFICE					
Operator Humble Oil & Refy Co.					
Address Box 1600 - Midland, Texas 79701					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input type="checkbox"/>				Change in Transporter of: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>				Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>				Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Effective 2-2-1970					
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name De Smet Federal		Well No. 1		Pool Name, including Formation Double L Queen (Chaves)	
Location		Kind of Lease State (Federal) or Fee			
Unit Letter L		1980 Feet From The S		Line and 660 Feet From The W	
Line of Section 6		Township 15-S		Range 30-E	
		NMPM,		Chaves 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)			
Scurlock Oil Corp		Mid America Bldg - Midland Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.		Unit L		Sec. 6	
		Twp. 15-S		Rge. 30-E	
		Is gas actually connected?		No	
		When			
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
		New Well		Workover	
		Deepen		Plug Back	
		Same Res'tv.		Diff. Res'tv.	
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	
TEST DATA AND REQUEST FOR ALLOWABLE (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)					
OIL WELL					
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	
I. 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.					
Approved Unit Head 2/12/70					
OIL CONSERVATION COMMISSION APPROVED BY TITLE SUPERVISOR DISTRICT					
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 conditions.					
Separate Forms C-104 must be filed for each pool in multi-completed wells.					