

COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE			
OFFICE		AND			
TRANSPORTER		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
OPERATOR		CHANGE OPERATOR NAME FROM		RECEIVED	
OPERATION OFFICE		HUMBLE OIL & REFINING COMPANY		MAY 19 1977	
operator		TO EXXON CORPORATION		O. C. C.	
Humble Oil & Refg Co.		EFFECTIVE JANUARY 1, 1973		ARTESIA, OFFICE	
Box 1600 - Midland, Texas 79701					
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well <input type="checkbox"/>		Change in Transporter of:		Effective 8-1-70	
Recompletion <input type="checkbox"/>		Oil <input checked="" type="checkbox"/>			
Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>			
		Dry Gas <input type="checkbox"/>			
		Condensate <input type="checkbox"/>			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	
Florence B Lusk		1	Double Queen (Chaves)	State, Federal or Foreign	
Location					
Unit Letter		Feet From The	Line and	Feet From The	
D		660	N	949 W	
Line of Section		Township	Range	County	
6		15-S	30-E	Chaves	
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)			
Navajo Refg Co		N. Freeman Ave - Artesia, N. Mex.			
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	Sec.	Twp.	Rge.
		D	6	15S	30E
		Is gas actually connected?		When	
		No			
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
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Pool		Name of Producing Formation		Top Oil/Gas Pay	
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/LMCF	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 _____, 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 device tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for all wells on new and recompleted wells.					
Fill out Sections I, II, III, and VI only for changes of 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.					