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SANTA FE  
FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PROHABITION 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-102  
Effective 1-1-70

RECEIVED

CHANGE OPERATOR NAME FROM  
HUMBLE OIL & REFINING COMPANY  
TO EXXON CORPORATION  
EFFECTIVE JANUARY 1, 1973

MAY 19 1977

Operator  
*Humble Oil & Refg Co.*  
Address  
*Box 1600 - Midland, Texas 79701*

O. C. C.  
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)  
New Well ☐  
Recompletion ☐  
Change in Ownership ☐  
Change in Transporter of:  
Oil ☒  
Casinghead Gas ☐  
Dry Gas ☐  
Condensate ☐

Other (Please explain)  
*Effective 8-1-70*

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name  
*Florence B. Lusk*  
Well No.  
*4*  
Pool Name, including Formation  
*Double L Queen (Chaves)*  
Kind of Lease  
State, Federal ☒ Fee  
Location  
Unit Letter  
*F*  
Feet From The  
*2310*  
Line and  
*N*  
Feet From The  
*2265*  
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 ☒ or Condensate ☐  
*Navajo Refg Co.*  
Address (Give address to which approved copy of this form is to be sent)  
*N. Freeman Ave - Artesia, N. Mex.*  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
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  
*D*  
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'ty. ☐ Diff. Res'ty. ☐  
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 of well 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/MSCF  
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.  
*Scary out*  
(Signature)  
*Unit Head*  
(Title)  
*7/29/70*  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED  
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 deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 1111.  
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 completion.  
Separate Form C-104 must be filed for each pool in not completed wells.