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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HOSES OFFICE O.C.C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

JUN 17 12 18 AM '69

I. Operator:
HUMBLE OIL & REFINING COMPANY
Address:
Box 1600, MIDLAND, TEXAS 79701
Reason(s) for filing (check proper box):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain):

If change of ownership give name
and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name CHALK BLUFF DRAW UNIT E	Well No. 4-10	Pool Name, Including Formation RED LAKE PENNSYLVANIAN	Kind of Lease State, Federal or Fee FEDERAL
Location: Unit Letter G ; 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 17 , Township 18-S Range 27-E , NMFM, EDDY County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ NAVAJO REFINING CO., PIPE LINE DIVISION	Address (Give address to which approved copy of this form is to be sent) NORTH FREEMAN AVE. ARTESIA, N. MEX. 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ NAVAJO REFINING CO.	Address (Give address to which approved copy of this form is to be sent) NORTH FREEMAN AVE. ARTESIA, N. MEX. 88210					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 8	Twp. 18-S	Rge. 27-E	Is gas actually connected? (Shot In)	When

If this production is commingled with that from any other lease or pool, give commingling order number: **NO**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen.	Plug Back	Same Res'y.	Diff. Res'y.
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-Pbls.	Water-Pbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

A. E. Chamberlain
(Signature)

Unit Head
(Title)

6-16-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY **W. C. Gussert**

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.

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.