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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

Operator		PETROLEUM PRODUCTION MANAGEMENT, INC.	
Address		P. O. Box 11320 Kansas City, Missouri 64112	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change of operator name	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		
If change of ownership give name and address of previous owner		The Maurice L. Brown Company P. O. Box 11320, Kansas City, Missouri 64112	

I. DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No.
Humble-State	2
Location	Pool Name, including Formation
Unit Letter -I- ; 1980 Feet From The South Line and 510 Feet From The East	Vada-Penn
Line of Section 16 Township 9-S Range 35-E, NMPM, Lea County	Kind of Lease State, Federal or Fee State
	Lease No. OG-5204

II. 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)
Mobil Oil Corporation (trucks) Pipeline	Box 900, Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	Box 1589, Tulsa, OK 74100
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	B 16 9-S 35-E
Is gas actually connected?	When
yes	9-1-70

If this production is commingled with that from any other lease or pool, give commingling order number:	
III. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Bbls. Condensate/MCF
	Gravity of Condensate
	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

V. 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.	
PETROLEUM PRODUCTION MANAGEMENT, INC.	
Nancy Elgin (Signature)	
Land Department (Title)	
8-20-87 (Date)	
OIL CONSERVATION COMMISSION	
APPROVED OCT 21 1987, 19	
Eddie W. Seay	
Oil & Gas Inspector	
TITLE	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all able on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter or other such change of condit	
Forms C-104 must be filled for each pool in mult	

