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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE 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

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

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) Re-entry of an existing P & A well
If change of ownership give name and address of previous owner Formerly Atlantic Refining Company's Humble State well No. 8

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name <u>New Mexico BX State</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Chaveros, San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location Unit Letter <u>M</u> ; <u>662</u> Feet From The <u>South</u> Line and <u>662</u> Feet From The <u>West</u> Line of Section <u>16</u> , Township <u>8-S</u> Range <u>33-E</u> , NMPM, <u>Chaveros</u> County			

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Magnolia Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Attn: Mr. Dan Kennedy, Box 900, Dallas, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Vented at present</u>	Address (Give address to which approved copy of this form is to be sent) <u>-</u>
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>16</u> Twp. <u>8-S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>No</u> When <u>-</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-157

IV. **COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>			<u>Re-entry</u>					
Date Spudded <u>Unknown</u>	Date Compl. Ready to Prod. <u>July 4, 1966</u>	Total Depth <u>4423</u>	P.B.T.D. <u>4302</u>					
Pool <u>Chaveros</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>4231</u>	Tubing Depth <u>4232</u>					
Perforations <u>4231, 4233, 4235, 4237, 4239, 4241, 4243, 4245, 4247, 4249, 4251, 4253, 4255, 4257, 4259, 4261, 4263, 4265, 4267, 4269, 4271,</u>			Depth Casing Shoe <u>4423</u>					
TUBING, CASING, AND CEMENTING RECORD <u>4273, 4275, 4277 & 4279.</u>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>-</u>	<u>8 5/8"</u>	<u>320</u>	<u>250</u>					
<u>7 7/8</u>	<u>4 1/2"</u>	<u>4423</u>	<u>300</u>					
<u>-</u>	<u>2"</u>	<u>4232</u>	<u>-</u>					

V. **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 <u>June 4, 1966</u>	Date of Test <u>July 4, 1966</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>61</u>	Oil-Bbls. <u>16</u>	Water-Bbls. <u>45</u>	Gas-MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test-MCF/D <u>-</u>	Length of Test <u>-</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (pitot, back pr.) <u>-</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>

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. L. Clemmer
(Signature)
Agent
(Title)
July 6, 1966
(Date)

OIL CONSERVATION COMMISSION

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 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.

Separate Forms C-104 must be filed for each pool in multiply