

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

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

APR 27 10 56 AM '66

I.

Operator <i>Humble Oil & Refining Co.</i>	
Address <i>Box 2100, Hobbs, N.M. 88240</i>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	<input checked="" type="checkbox"/> Re-entry
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>New Mexico BW State</i>	Well No. <i>4</i>	Pool Name, including Formation <i>Chaveroo San Andres Under, S.A.</i>	Kind of Lease State, Federal or Fee <i>State</i>
Location <i>Chaveroo-San Andres R-3080</i>			
Unit Letter <i>J</i>	<i>1988</i> Feet From The <i>South</i> Line and <i>1997</i> Feet From The <i>East</i>		
Line of Section <i>16</i>	Township <i>8-S</i>	Range <i>33-E</i>	N.M.P.M., <i>Chavero</i> 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"/> <i>Permian Corporation</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 4157, Midland, Texas</i>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Flared at present</i>	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 <i>J</i>	Sec. <i>16</i>	Twp. <i>8-S</i>	Rge. <i>33-E</i>	Is gas actually connected? <i>NO</i>	When <i>-</i>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <i>Beginning Re-entry 4-18-66</i>	Date Compl. Ready to Prod. <i>4-25-66</i>	Total Depth <i>9100</i>		P.B.T.D. <i>4488 by Wire Line</i>				
Pool <i>Chaveroo San Andres Under, San Andres</i>	Name of Producing Formation <i>San Andres</i>		Top Oil/Gas Pay <i>4249</i>		Tubing Depth <i>4207</i>			
Perforations <i>4249, 4251, 4253, 4255, 4257, 4259, 4261, 4263, 4265, 4267, 4269, 4271, 4273, 4275, 4277, 4279, 4281, 4283, 4285, 4287, 4289, 4291, 4293, 4295, 4297, 4299, 4301, 4303, 4305, TUBING, CASING, AND CEMENTING RECORD 4307, 4309, 4311, 4313, 4315, 4317, 4319</i>					Depth Casing Shoe <i>4522</i>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>15"</i>	<i>10-3/4"</i>		<i>391</i>		<i>375</i>			
<i>9-7/8"</i>	<i>7-5/8"</i>		<i>3612</i>		<i>500</i>			
<i>6-3/4"</i>	<i>4-1/2"</i>		<i>4522</i>		<i>200</i>			
<i>6-3/4"</i>	<i>2"</i>		<i>4207</i>		<i>-</i>			

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 <i>4-23-66</i>	Date of Test <i>4-25-66</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Swabbed</i>	
Length of Test <i>24 hours</i>	Tubing Pressure <i>-</i>	Casing Pressure <i>-</i>	Choke Size <i>-</i>
Actual Prod. During Test <i>153</i>	Oil-Bbls. <i>123</i>	Water-Bbls. <i>30</i>	Gas-MCF <i>TSTM</i>

GAS WELL

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

W. J. Hyatt
(Signature)

Agent
(Title)

4-26-66
(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 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