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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 10 11 35 AM '66

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

I.

Operator: Humble Oil & Refining Company

Address: Box 2100, Hobbs, New Mexico 88240

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

Other *(Please explain)*: Re-entry

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
New Mexico BW State	5	Chaveroo San Andres (Undes), S.A. (Chaveroo-San Andres R-3080)	State, Federal or Fee State

Location: Unit Letter O ; 662 Feet From The South Line and 1997 Feet From The East

Line of Section 16, Township 8-S Range 33-E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corporation	Box 4157, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
Flared at present	—

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	16	8-S	33-E	NO	—

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		Re-entry					X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Started Re-Entry 4-29-66	5-5-66	9115	4346
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Chaveroo San Andres (Undes)	San Andres	4247	4286

Perforations 4247, 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, 4307.

Depth Casing Shoe: 4364

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	345	375
9-7/8"	7-5/8"	3576	500
6-3/4"	4-1/2"	4364	200
6-3/4"	2"	4286	—

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	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
5-5-66	5-5-66	Swab Test	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
8 hours	—	—	—
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
111	46	65	—

GAS WELL

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

W. D. Stephens
(Signature)

Agent
(Title)

5-9-66
(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