

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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Humble Oil & Refining Company	
Address P. O. Box 2100, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	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 _____

Lease Name New Mexico State BX		Well No. 2	Pool Name, Including Formation Undesignated, Bough "C"	Kind of Lease State, Federal or Fee	State
Location Unit Letter <u>K</u> ; <u>1997</u> Feet From The <u>West</u> Line and <u>1837</u> Feet From The <u>South</u>					
Line of Section <u>16</u> , Township <u>8-S</u> Range <u>33-E</u> , NMPM, <u>Chaves</u> County					

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)				
Permian Corporation		P. O. Box 4157, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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
	M	16	8-S	33-E	No	---

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
1-16-65	2-17-65	9064		9041					
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Undesignated	Bough "C"	8967		8987					
Perforations				Depth Casing Shoe					
8980, 8982, 8984, 8986, 8988				9064					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15	10-3/4		395		375				
9-7/8	7-5/8		3606		500				
6-3/4	4-1/2		9064		300				
6-3/4	2-3/8		8987		000				

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.)	
2-16-65	2-17-65	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
15 hrs.	300#	---	1/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
210	210	---	241

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
BY _____		TITLE _____	
COPY ORIGINAL SIGNED: E. S. DAVIS		This form is to be filed in compliance with RULE 1104.	
(Signature)		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.	
Dist. Adm. Supvr.		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Title)		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.	
February 18, 1965		Separate Forms C-104 must be filed for each pool in multiple	
(Date)			