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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

JUN 27 8 15 AM '66

I. **Operator**
Humble Oil & Refining Company
Address:
Box 1600, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
* Change in transporter to be eff: 7-1-66
If change of ownership give name and address of previous owner _____

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name New Mexico Bx State **Well No. Pool Name, Including Formation** 3 Chavero, San Andres **Kind of Lease** State
Location
Unit Letter G **1989** Feet From The North Line and 1997 Feet From The East
Line of Section 16 **Township** 8-S **Range** 33-E **N.M.P.M.** Chavero **County**

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ Magnolia Pipe Line Company **Address (Give address to which approved copy of this form is to be sent)** Attn: Don Kennedy, Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas ☐ Flared at present **Address (Give address to which approved copy of this form is to be sent)** _____
Unit G **Sec.** 16 **Twp.** 8-S **Rge.** 33-E **Is gas actually connected?** No **When** _____
If well produces oil or liquids, give location of tanks.

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.
Date Spudded _____ **Date Compl. Ready to Prod.** _____ **Total Depth** _____ **P.R.T.D.** _____
Pool _____ **Name of Producing Formation** _____ **Top Oil/Gas Pay** _____ **Tubing Depth** _____
Perforations _____ **Depth Casing Shoe** _____
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Pbls. 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.
A. L. Clemmer
(Signature)
Agent
(Title)
June 23, 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 completed wells.