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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-101 and C-110
 Effective 1-1-65

APR 11 1967

APR 11 1967

Operator
Humble Oil & Refining Co.
 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)
**CHANGE OPERATOR NAME FROM
 HUMBLE OIL & REFINING COMPANY
 TO EXXON CORPORATION
 EFFECTIVE JANUARY 1, 1973**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: **South Four Lakes Unit** Well No.: **1** Pool Name, including Formation: **Four Lakes Penn.** Kind of Lease: **State**
 Location:
 Unit Letter: **B**; **660** Feet From The **North** Line and **1980** Feet From The **East**
 Line of Section: **2**, Township: **12 S** Range: **34 E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Service Pipe Line Co. Amoco Pipeline Co. Address (Give address to which approved copy of this form is to be sent)
3411 Knoxville Ave. Lubbock, Texas 79413
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Corp. Address (Give address to which approved copy of this form is to be sent)
Box 1589, Tulsa, Oklahoma
 If well produces oil or liquids, give location of tanks. Unit: **G** Sec.: **2** Twp.: **12 S** Rge.: **34 E** Is gas actually connected? **Yes** When: **8-15-67**

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.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	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.

J. Pinkerton
 Agent
 0-2-17
 (Signature)
 (Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY **Joe A. King**
 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.