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TRANSPORTER	OIL	
	GAS	
OPERATOR		X
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

CHANGE OPERATOR NAME FROM HUMBLE OIL & REFINING COMPANY TO EXXON CORPORATION EFFECTIVE JANUARY 1, 1973

I.

Operator: Humble Oil & Refining Company

Address: Box 1600, Midland, Texas 79701

Reason(s) for filing *(Check proper box)*

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

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 "CH" State	1	~~Undesignated~~ (Devonian)	State, ~~Federal or Fee~~ E-2490

Location

Unit Letter O ; 1980 Feet From The East Line and 760 Feet From The South

Line of Section 27 , 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 [X]	Address *(Give address to which approved copy of this form is to be sent)*
Service Pipe Line Co.	3411 Knoxville Ave., Lubbock, Texas 79413
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Phillips Petroleum Company	Phillips Bldg. B-2, Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	27	12-S	34-E	No	Est. 3-24-69

If this production is commingled with that from any other lease or pool, give commingling order number: No

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						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-21-68	2-26-69	12,910	12,903
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Undesignated	Devonian	12,882	12,806
Perforations			**Depth Casing Shoe**
12882-12896, 12896-12906			12,909

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	11 3/4	377	350
11	8 5/8	4260	550
7 7/8	4 1/2	12,909	975
	2	12,806	-

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

GAS WELL Cal. A.O.F. Pot. 15,35 MMCFPD plus 170 bbls. Cond. per MMCF.

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Avg. rate-test 2470.3	5 hr.	59.0	60.5
Testing Method *(pitot, back pr.)*	**Tubing Pressure** SI 2500	**Casing Pressure**	**Choke Size**
4 Point Back Pressure	Avg. T.P. during test 2188	0	18/64,20/64,24/64,26/64

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. E. Pinkerton
(Signature)

Agent
(Title)

3-6-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Leslie A. Clements

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