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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND PRICE O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

JUN 6 12 41 AM '69

Operator Humble Oil & Refining Company	
Address Box 1600, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CHANGE OPERATOR FROM HUMBLE OIL & REFINING COMPANY TO EXXON MOBIL OIL COMPANY EFFECTIVE JANUARY 1, 1973
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name Bowers A Federal		Well No. 29	Pool Name, Including Formation Hobbs Blinebry	Kind of Lease State Federal <del>Co-Prop</del>
Location				
Unit Letter	L	2150	Feet From The South	Line and 990 Feet From The West
Line of Section	29	Township	18 South	Range 38 East, NMPM, Lea County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation		Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation		Address (Give address to which approved copy of this form is to be sent) Box 758, Hobbs, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29	Twp. 18	Rge. 38
				Is gas actually connected? Yes
				When 6-1-69

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-13-69	Date Compl. Ready to Prod. 5-31-69	Total Depth 6,000'		P.B.T.D. --					
Pool Hobbs Blinebry	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5760		Tubing Depth 5948					
Perforations 5831-37, 5870-76, 5886-89				Depth Casing Shoe 6000					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	11 3/4"		370		300				
11"	8 5/8"		3849		500				
7 7/8"	4 1/2"		6000		450				
	2 3/8"		5948						

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 6-1-69	Date of Test 6-2-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 17 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 149	Oil-Bbls. 132	Water-Bbls. 17	Gas-MCF 9

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		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____	
D. L. Clemmer (Signature)		BY: _____	
Unit Head (Title)		TITLE: _____	
6-5-69 (Date)		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.	