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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

I.

Operator HUMBLE OIL & REFINING COMPANY	
Address P.O. BOX 1600, MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/22/71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

7-31-71

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO "J" STATE	Well No. H	Pool Name, including Formation VACUUM, NORTH ABO	Kind of Lease State, Federal or Fee STATE
Location			
Unit Letter L	2180	Feet From The SOUTH	Line and 660 Feet From The WEST
Line of Section 19	Township 17-S	Range 35-E	NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> MOBIL PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1073 MIDLAND, TEXAS 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent) VENTED AT PRESENT	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19
	Twp. 17-S	Rge. 35-E
	Is gas actually connected? NO When	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-22-71	Date Compl. Ready to Prod. 10-25-71	Total Depth 8739	P.B.T.D. 8713					
Pool VACUUM NORTH ABO	Name of Producing Formation 10-25-71	Top Oil/Gas Pay 8566	Tubing Depth 8703					
Perforations 8 1/2" - 11"			Depth Casing Shoe 8739					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8		1750		800			
7 7/8"	5 1/2		8739		1625			
	2 7/8		8530					

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)

Date First New Oil Run To Tanks 10-22-71	Date of Test 10-26-71	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 HRS	Tubing Pressure 125-175	Casing Pressure 215	Choke Size 26/64
Actual Prod. During Test 390	Oil-Bbls. 370	Water-Bbls. 20	Gas-MCF 64

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. A. Storrall
(Signature)
UNIT HEAD
(Title)
10-26-71
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 29 1971**, 19

BY **[Signature]**
TITLE **SUPERVISOR DISTRICT I**

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 multiple completed wells.

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OCT 20 1971

OIL CONSERVATION COMM.
HOUSTON, TX. TX.