

DISTRIBUTION			
SANTA FE			
FILE			
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

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"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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	

Lease Name NEW MEXICO "J" STATE		Well No. 5	Pool Name, including Formation VACUUM, NORTH ABO	Kind of Lease State, Federal or Fee STATE
Location				
Unit Letter N	1915	Feet From The WEST	Line and 790	Feet From The SOUTH
Line of Section 19	Township 17-S	Range 35-E	NMPM, LEA	County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
MOBIL PIPE LINE COMPANY		P.O. BOX 1073, MIDLAND, TEXAS 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
PHILLIPS PETR. COMPANY GPM Gas Corporation		WASHINGTON, ODESSA, TEXAS 79760		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 17-S	Rge. 35-E
				Is gas actually connected? YES
				When 3-1-72

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 1-23-72	Date Compl. Ready to Prod. 2-25-72	Total Depth 8730		P.B.T.D. 8706					
Pool VACUUM NORTH ABO	Name of Producing Formation ABO	Top Oil/Gas Pay 8588		Tubing Depth 8671					
Perforations 8588-8648				Depth Casing Shoe 8730					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8		1700		1075				
7 7/8	5 1/2		8730		1650				
	2 7/8		8671						

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 2-25-72	Date of Test 3-7-72	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test 240	Oil-Bbls. 230	Water-Bbls. 10	Gas-MCF 201

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		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 MAR 9 1972 , 19	
Darryl L. ... (Signature)		BY [Signature]	
UNIT HEAD (Title)		TITLE SUPERVISOR DISTRICT I	
3-8-72 (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.	

RECEIVED

MAY 1 1972

OIL CONSERVATION COMM.
HOBBS, N. M.