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| | GAS |
| OPERATOR | |
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form O-114
Supersedes Old O-104 and O-110
Effective 1-1-55

AND PUBLIC OFFICE OF NATURAL GAS
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 5 8 49 AM '68

I. **Operator**
Humble Oil & Refg Co
Address
Box 1600 - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Renewal ☐ Casinghead Gas ☒ Condensate ☐
Change in Ownership ☐
Other (Please explain)
change Bly location
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
Paddock (San Angelo) Unit
Well No. 2 **Pool Name, including Formation** Paddock
Kind of Lease
State, Federal or Fee
Location
Unit Letter P ; 764 Feet From The S Line and 554 Feet From The E
Line of Section 34 , Township 21-S Range 37-E , NMPM, Lea County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas N. Mex. P.L. Co
Address (Give address to which approved copy of this form is to be sent)
Box 1510 - Midland Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
SKelly Oil Co
Warren Ref Co
Address (Give address to which approved copy of this form is to be sent)
Box 1135 - Eunice, NM
✓ 1197
If well produces oil or liquids, give location of tanks. Unit N Sec. 2 Twp. 22-S Rge. 37-E
Is gas actually connected? Yes When 6-1-68
EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY.

IV. **COMPLETION DATA**
Designate Type of Completion - (X)
☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Test Well
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**
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 is true and correct to the best of my knowledge and belief.
D. J. Ryan
(Signature)
Unit Head
(Title)
8-1-68
(Date)
OIL CONSERVATION COMMISSION
APPROVED AUG 5 1968, 19____
BY John N. Ryan
Geologist
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 deviate 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 O-104 must be filed for each pool in multiple completed wells.