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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 O-104
 Supersedes Old O-101 and O-111
 Effective 1-1-57

AUG 5 6 49 AM '68

I. COMPANY

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 Condensate

Re-completing Casinghead Gas

Transporter Other (Please explain) *Change Bty Location*

If change of ownership give name and address of previous owner

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: *Paddock (San Angelo) Unit* Well No.: *3* Pool Name, including Formation: *Paddock* Kind of Lease: *Fee*

Location: Unit Letter *M* ; *660* Feet From The *S* Line and *735* Feet From The *W* Line of Section *35* , Township *21-S* Range *37-E* , N.M.P.M. *Lea* County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) *Texas N. Mex P.L. Co. Box 1510, Midland Texas*

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) *Skelly Oil Co. Warren Ref Co. 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*

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

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.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

Test must be (for secondary if oil) 1 hr of flow at least to equal or exceed a pull-in able for this depth or be for full 21 hours

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.

R. J. P.
 (Signature)
 Unit Head
 (Title)
 8-1-68
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 5 1968**, 19
 BY *John W. Runyan*
 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 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 O-104 must be filed for each pool in multiple completion wells.