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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

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JUN 29 22 AM '69
OFFICE O. C. C.

I. Operator
Humble Oil & Refining Company
Address
Box 1600, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
CHANGE TRANSPORTER 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
New Mexico "V" State
Well No.
5
Pool Name, Including Formation
Tubb Gas, Tubb
Kind of Lease
State ~~Oil~~ ~~Gas~~ ~~Condensate~~
Location
Unit Letter M ; 660 Feet From The South Line and 810 Feet From The West
Line of Section 10 , 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 ☒
Shell Pipe Line Corporation
Address (Give address to which approved copy of this form is to be sent)
Box 2648, Houston, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
El Paso Nat. Gas Co. (High Pressure)
Skelly Oil Co. (Flash Gas)
Address (Give address to which approved copy of this form is to be sent)
Box 1384, Jal, New Mexico
- - - - Eunice, New Mexico
If well produces oil or liquids,
give location of tanks.
Unit M Sec. 10 Twp. 21-S Rge. 37-E
Is gas actually connected? No When Est. 6-15-69

If this production is commingled with that from any other lease or pool, give commingling order number: Order No. R-1834

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
X X X
Workover
started 5-6-69
Date Compl. Ready to Prod.
5-26-69
Total Depth
8,403
P.B.T.D.
6,792
Pool
Tubb Gas
Name of Producing Formation
Tubb
Top Oil/Gas Pay
6,200
Tubing Depth
6,276
Perforations
Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2 12 3/4 329 400
11 8 5/8 3,100 1,000
6 3/4 5 1/2 8,403 450

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 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
AOF 1,506 4 hrs. - -
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size
Multipoint BP SI 1047 Packer Variable

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.
Agent
5-29-69
DFL/hnf
OIL CONSERVATION COMMISSION
APPROVED SEP 18 1969
BY
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 C-104 must be filed for each pool in multiply completed wells.