

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes Old C-101 and C-102  
Effective 1-1-65

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
REGULATION OFFICE

**I. COMPANY INFORMATION**

Company: Humble Oil & Refining Company  
 Address: Box 1600, Midland, Texas 79701

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompleted  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain): Reclassified to Tubb Oil Well due to Gravity of 41.0.

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>New Mexico "V" State</u>	Well No. <u>11</u>	Pool Name, including Formation <u>Tubb Oil, Tubb</u>	Kind of Lease State, Federal or Fee ( <u>B-935</u> )
Location: Unit Letter <u>K</u> ; <u>2080</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>West</u>			
Line of Section <u>10</u> , Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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"/> <u>Shell Pipe Line Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2648, Houston, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Skelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Eunice, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>1 D</u> Twp. <u>21-S</u> Rge. <u>37-E</u>
Is gas actually connected? <u>YES</u>	When <u>12-2-69</u>

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
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		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

**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/MCF	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.

A. L. Clemmes  
(Signature)  
Unit Head  
(Title)  
12-1-69  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY [Signature]  
 TITLE INSPECTOR DISTRICT

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 deviated 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 multi-completed wells.