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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-105
Effective 1-1-65

AUG 3 3 55 AM '68

I. NAME <i>Humble Oil & Refg Co.</i>	
Address <i>Box 1600 - Midland, Texas 79701</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change Bty. Location <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Change Operator Name From <i>HUMBLE OIL & REFINING COMPANY</i>
Change in Ownership <input type="checkbox"/>	TO <i>EXLON CORPORATION</i>
	EFFECTIVE <i>JANUARY 1, 1973</i>
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Paddock (San Angelo) Unit</i>	Well No. <i>31</i>	Pool Name, including Formation <i>Paddock</i>	Kind of Lease <input checked="" type="radio"/> State, <input type="radio"/> Federal or Fee
Location Unit Letter <i>I</i> , <i>1980</i> Feet From The <i>S</i> Line and <i>660</i> Feet From The <i>E</i> Line of Section <i>2</i> , Township <i>22-S</i> , Range <i>37-E</i> , NMPM, <i>Lea</i> 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"/> <i>Texas N. Mex. P.L. Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1510, Midland Texas</i>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Skelly Oil Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1135 - Eunice, N. M.</i>		
If well produces oil or liquids, give location of tanks.	Unit <i>N</i>	Sec. <i>2</i>	Twp. <i>22-S</i>
	Rge. <i>37-E</i>	Is gas actually connected? <i>Yes</i>	When <i>6-1-68</i>

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 <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 Bathy. Diff. Bathy. <input type="checkbox"/>
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 (Test may be performed on any test hole, down of 1 ft. and must be equal to or exceed run all available 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
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 is true and correct to the best of my knowledge and belief.

APPROVED _____, 19____
BY *John W. Runyan*
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 derivation 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.

Unit Head
(Signature)
Unit Head
(Title)
8-1-68
(Date)