| | NO. OF COPIES RECEIVED | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|--|
| | DISTRIBUTION SANTA FE FILE | | CONSERVATION COMMISS T FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 | |
| | U.S.G.S. LAND OFFICE OIL | AUTHORIZATION TO TR | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. SEP 9 25 | | |
| | GAS OPERATOR | | , 0.5 | | |
| . I | HUMBLE OIL & REFINING COMPANY | | | | |
| | P. 0. Box 1600, Midland, Texas 79701 | | | | |
| | New Well | Change in Transporter of: | Other (Please explain) | | |
| | Recompletion Change in Ownership X | Oil Dry C Casinghead Gas Cond | Formation of Pa Effective 9-1-6 | ddock (San Angelo) Unit 7 | |
| | If change of ownership give name and address of previous owner | Humble Oil + Ref | 1. G. Bex 1600, Mile | March, Lores 79701 | |
| 11. | DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease | | | | |
| | Paddock (San An | gelo) Unit 44 | Paddock | State, Federal or Fee | |
| | Unit Letter P; 660 Feet From The S Line and 660 Feet From The E | | | | |
| | Line of Section 2, T | ownship 22-5 Range | 37-E, NMPM, | Lea County | |
| Ш. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate | | | | |
| | Lessas New Messas Pl. Co. Bx AD - Milland Lessas Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [] Address (Give address to which approved copy of this form is to be sent) | | | | |
| | Skelly Oil Co | | Bx 1135 - 64 | nice n. Mel. | |
| | If well produces all or liquids, Unit Sec 1 Twp. Rge. Is gas actually connected? When give location of tanks. | | | | |
| IV. | f this production is commingled with that from any other lease or pool, give commingling order number: | | | | |
| | Designate Type of Complete | ion (X) | New Well Workover Deepen | Plug Back Same Res'v. 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 | |
| | Perforation s | | · · · · · · · · · · · · · · · · · · · | Depth Casing Shoe | |
| | | TUBING, CASING, AN | D CEMENTING RECORD | · | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | | |
| v. | TEST DATA AND REQUEST FOR ALLOWABLE (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) | | | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li | ‡ | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | Actual Prod. During Test | Cil-Bbis. | Water-Bbls. | Gas-MCF | |
| | CAC WELL | | | | |
| ! | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | Testing Method (pirot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | |
| VI | CERTIFICATE OF COMPLIAN | ICF. | | | |
| | CENTIFICATE OF COMPLIANCE | | OH CONSERVATION COMMISSION | | |
| | 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. | | APPROVED SEP 6 196 19 | | |
| | | e best of my knowledge and belief. | ORIGINAL & THREE COATES | | |

Unit Head

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.

This form is to be filed in compliance with RULE 1104.

All sections of this form must be filled out completely for allowable on new and recompleted wells.