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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 1104  
Supersedes Old Form 1104  
Effective 1-1-68

AUG 5 8 50 AM '68

I. **NAME**  
*Humble Oil & Refg Co.*  
**ADDRESS**  
*Box 1600 - Midland, Texas*  
**Reasons for Filing (Check proper box)**  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐  
**Other (Please explain)**  
*Change Bty Location  
CHANGE OPERATOR NAME 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** *Paddock (San Angelo) Unit* **Well No.** *10* **Pool Name, including Formation** *Paddock* **Kind of Lease** *State*  
**Location**  
**Unit Letter** *D* **Feet From The** *660* **Line and** *N* **Feet From The** *660* **W**  
**Line of Section** *2* **Township** *22-S* **Range** *37-E* **NMPM** *Lea* **County**

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
**Name of Authorized Transporter of Oil** ☒ **or Condensate** ☐  
*Texas N. Mex. P.L. Co.* **Address (Give address to which approved copy of this form is to be sent)**  
*Box 1510 - Midland, Texas*  
**Name of Authorized Transporter of Casinghead Gas** ☒ **or Dry Gas** ☐  
*Skelly Oil Co* **Address (Give address to which approved copy of this form is to be sent)**  
*Box 1135 - Eunice, N.M.*  
*Warren Pet Co* **✓ 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** ☐ **Plug Back** ☐ **Same Resv.** ☐ **Diff. Resv.** ☐  
**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**  
**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.  
**APPROVED** *John W. Runyan* **Geologist**  
**TITLE** \_\_\_\_\_  
**Unit Head** \_\_\_\_\_ **8-1-68.** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**OIL CONSERVATION COMMISSION**  
**AUG 5 1968**  
**19**  
**This form is to be filed in compliance with RULE 1104.**  
**If this is a request for allowable for a newly drilled or recomple 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 recomple 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.**