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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-116
Effective 1-1-65

AUG 5 8 59 AM '68

I.

Operator: Humble Oil & Refg Co.

Address: Box 1600 - Midland, Texas 79701

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

Other (Please explain)
Change Bty location
CHANGE OF OPERATOR NAME
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 | Well No. | Pool Name, Including Formation | Kind of Lease |
|---|---|---|---|
| Paddock (San Angelo) Unit | 17 | Paddock | State, Federal or Fee |

Location
Unit Letter E ; 1980 Feet From The N Line and 660 Feet From The 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 Pl 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. Warren Pet Co.
Address (Give address to which approved copy of this form is to be sent): Box 1135 - Eunice N M 88231

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | N | 2 | 22-S | 37-E | Yes | 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 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** |
| | | | |
| **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 (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 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

D. P. [illegible]
(Signature)
Unit Head
(Title)
8-1-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 5 1968, 19 ____
John W. Runyan
Geologist
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.