

VAL. OF DEEP. EXP. ...
DISTRIBUTION
SANTA FE
FILE
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 O-114
Supersedes OIL-604 and O-113
Effective 1-1-68

AUG 1 1968

I. OPERATOR
Name Humble Oil & Refg. Co.
Address Box 1600 - Midland, Texas 79701
Reason for filing (check appropriate box)
New Well ☐ Change in Transportation ☐
First completion ☐ Oil ☐ Dry Gas ☐
Transporter extending ☐ Condensate ☒ Condensate ☐
Other (Please explain) Change Bty location
CHANGE BTY LOCATION FROM
HUMBLE OIL & REFINING COMPANY
TO SKELLY OIL COMPANY
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. 25 Pool Name, including Formation Paddock Kind of Lease Fee
Location
Unit Letter K 1908 Feet From The S Line and 1987 Feet From The W
Line of Section 3 Township 22-S Range 37-E NEPL 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 79701
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐
Skelly Oil Co. Address (Give address to which approved copy of this form is to be sent) Box 1135 - Eunice, NM
Warren Ref. 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,

IV. COMPLETION DATA

Designate Type of Completion - (X) ☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ F.B.T.D. _____
Pool _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Taking 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 Well Run to Tests _____ Date of Test _____ Producing Method (e.g., 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 _____
Producing Method (e.g., pump, gas lift, etc.) _____ 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

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

TITLE _____

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

If this is a request for all wells of a newly drilled or deepened well, then the operator must file a declaration of the declaration tests taken on the well in a certain well - OLE 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.

Sections I, II, III, and VI must be filed for each pool in multiple completed copies.

Unit Head
8-1-68
(Date)