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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-114  
Supersedes Old O-104 and O-110  
Effective 1-1-65

AUG 5 6 5 AM '68

Name <b>Humble Oil &amp; Refg. Co.</b>	
Address <b>Box 1600 - Midland, Texas 79701</b>	
Reason for filing (check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Production <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Transporter's Test <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	
<b>CHANGE FROM HUMBLE OIL &amp; REFINING COMPANY TO EXXON OIL CORPORATION EFFECTIVE JANUARY 1, 1973</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Paddock (San Angelo) Unit</b>	Well No. <b>26</b>	Pool Name, including Formation <b>Paddock</b>	Kind of Lease State, Federal <input checked="" type="radio"/> Fee
Location			
Unit Letter <b>J</b>	<b>3300</b>	Feet From The <b>N</b>	Line and <b>1880</b>
Line of Section <b>3</b>		Township <b>22-S</b>	Range <b>37-E</b>
		County <b>Lea</b>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Texas N. Mex. P.L. Co.</b>	<b>Box 1510 - Midland Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Skelly Oil Co.</b> <b>Warren Ref Co.</b>	<b>Box 1135 - Eunice, N. Mex.</b> <b>Box 1197</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>2</b>	Twp. <b>22-S</b>	Rge. <b>37-E</b>	Is gas actually connected? <b>Yes</b>	When <b>6-1-68</b>

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	Same as No. 1
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 Well To Tanks	Date of Test	Producing Method (pilot, 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
Testing Method (pilot, 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

OIL CONSERVATION COMMISSION

APPROVED

19

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, the test shall be run in accordance with a tabulation of the data to be taken in the test in accordance with R.U.C.F. 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 well name or number or transporter or other such change of completion data. The test data must be filed for each well on completion of test.

Unit Head

8-1-68

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	GAS
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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-110  
Effective 1-1-65

Operator HUMBLE OIL & REFINING COMPANY	
Address P. O. Box 1600, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Formation of Paddock (San Angelo) Unit Effective 9-1-67	

If change of ownership give name and address of previous owner Citic Service Oil Co., Box 69, Hobbs, New Mexico  
Brunson "C" #8

II. DESCRIPTION OF WELL AND LEASE

Lease Name Paddock (San Angelo) Unit	Well No. 26	Pool Name, Including Formation Paddock	Kind of Lease State, Federal <input checked="" type="radio"/> Fee
Location			
Unit Letter <u>J</u>	3300 Feet From The <u>N</u> Line and <u>1880</u> Feet From The <u>W</u>		
Line of Section <u>3</u>	Township <u>22-S</u>	Range <u>37-E</u>	NMPM, <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipe Line Co.</u>	<u>Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Skelly Oil Co.</u>	<u>Box 1135, Eunice, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>J 3 22-S 37-E</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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 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)

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 above is true and complete to the best of my knowledge and belief.

R. L. Berry R. L. Berry  
(Signature)  
Unit Head  
8-31-67 (Title)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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.