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| 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 C.

Form C-104  
Supersedes Old C-101 and C-110  
Effective 1-1-65

7-1-67

|  |   |
|--|---|
| Operator<br>HUMBLE OIL & REFINING COMPANY                  |   |
| Address<br>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<br>Effective 9-1-67 |   |

If change of ownership give name and address of previous owner Gulf Oil Corp., Box 670, Hobbs, New Mexico  
Owner #3

|   |                      |                |   |  |
|---|----------------------|----------------|---|--|
| Lease Name<br>Paddock (San Angelo) Unit |                      | Well No.<br>53 | Pool Name, including Formation<br>Paddock | Kind of Lease<br>State, Federal or Fee |
| Location                                |                      |                |   |  |
| Unit Letter<br>A                        | Feet From The<br>454 | Line and<br>N  | Feet From The<br>454                      | E                                      |
| Line of Section<br>10                   | Township<br>22-S     | Range<br>37-E  | NMPM,<br>Lea                              | County                                 |

|  |  |
|--|--|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |  |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Shell Pipe Line Corp.          | Address (Give address to which approved copy of this form is to be sent)<br>Box 1910, Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Warren Petroleum Corp. | Address (Give address to which approved copy of this form is to be sent)<br>Box 1197, Eunice, New Mexico   |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge.<br>A 10 22-S 37-E  |
| Is gas actually connected? When  |  |

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

|                                      |   |
|--------------------------------------|---|
| 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.  |
| Pool                                 | Name of Producing Formation   |
| Perforations                         | Top Oil/Gas Pay   |
| TUBING, CASING, AND CEMENTING RECORD |   |
| HOLE SIZE                            | CASING & TUBING SIZE  |
| DEPTH SET                            |   |
| SACKS CEMENT                         |   |

|   |                 |
|---|-----------------|
| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  |                 |
| Date First New Oil Run To Tanks               | Date of Test    |
| Length of Test                                | Tubing Pressure |
| Actual Prod. During Test                      | Oil-Bbls.       |
| Producing Method (Flow, pump, gas lift, etc.) |                 |
| Casing Pressure                               | Choke Size      |
| Water-Bbls.                                   | Gas-MCF         |

|                                  |                 |
|----------------------------------|-----------------|
| GAS WELL                         |                 |
| Actual Prod. Test-MCF/D          | Length of Test  |
| Testing Method (pitot, back pr.) | Tubing Pressure |
| Casing Pressure                  | Choke Size      |

|  |  |
|--|--|
| CERTIFICATE OF COMPLIANCE  | OIL 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 : _____, 19____   |
| <u>R. L. Berry</u><br>(Signature)  | BY _____   |
| R. L. Berry<br>Unit Head   | TITLE _____  |
| 8-31-67<br>(Date)  | 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.  |