

NO. OF COPIES RECEIVED	
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 C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUG 5 8 34 AM '66

CHANGE OPERATOR NAME FROM
HUMBLE OIL & REFINING COMPANY
TO EXXON CORPORATION
EFFECTIVE JANUARY 1, 1973

Name <i>Humble Oil & Refy Co.</i>	
Address <i>Box 1600 - Midland, Texas 79701</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>
Renewal <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
<i>Change Bty Location</i>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Paddock (San Angelo) Unit</i>	Well No. <i>76</i>	Pool Name, including Formation <i>Paddock</i>	Kind of Lease State, Federal <input checked="" type="checkbox"/> Fee
Location			
Unit Letter <i>J</i>	<i>2310</i>	Feet From The <i>S</i>	Line and <i>1650</i>
Line of Section <i>10</i>		Township <i>22-S</i>	Range <i>37-E</i>
		NMPM, <i>Lea</i>	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)
<i>Texas N. Mex. Oil Co.</i>	<i>Box 1510 - Midland Texas</i>
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)
<i>Skelly Oil Co</i> <i>Warren Pet Co</i>	<i>Box 1135 - Eunice, NM</i> <i>Box 1197 - ✓ ✓</i>
If well produces oil or liquids, give location of tanks.	Unit <i>N</i>
	Sec. <i>2</i>
	Twp. <i>22-S</i>
	Rge. <i>37-E</i>
	Is gas actually connected? <i>Yes</i>
	When <i>6-1-68</i>

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	SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.	
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 ton allowable for this depth or be for full 24 hours)

First New Completion	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 (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 above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *John W. Remy*

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-101 must be filed for each pool in multiple completed wells.

Unit Head

8-1-68

(Title)

(Date)