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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
HUMBLE OIL & REFINING COMPANY  
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 '68

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

Lease Name <b>Paddock (San Angelo) Unit</b>		Well No. <b>75</b>	Pool Name, including Formation <b>Paddock</b>	Kind of Lease State, Federal or <u>Fee</u>
Location				
Unit Letter <b>K</b>	<b>2310</b>	Feet From The <b>S</b>	Line and <b>2310</b>	Feet From The <b>W</b>
Line of Section <b>10</b>	Township <b>22-S</b>	Range <b>37-E</b>	NMPM, <b>Lea</b>	County

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. Warren Pet Co.</b>		<b>Box 1135 - Eunice, NM 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, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Depth Drift 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		

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 sent 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		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 <b>AUG 5 1968</b> , 19	
Unit Head <b>8-1-68</b> (Date)		BY <b>John W. Runyan</b> 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 calculation 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 multiple completed wells.	