

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

SEP 1 0 31 AM '67

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: Skelly Oil Co., Box 730, Hobbs, New Mexico 88240  
Block "B" 14

Lease Name Paddock (San Angelo) Unit	Well No. 85	Pool Name, including Formation Paddock	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>S</u> Line and <u>510</u> Feet From The <u>W</u> Line of Section <u>10</u> , Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Skelly Pipe Line Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Skelly Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1135, Eunice, New Mexico</u>
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>10</u> Twp. <u>22-S</u> Rge. <u>37-E</u>	Is gas actually connected? <input type="checkbox"/> When

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

V. COMPLETION DATA	
Designate Type of Completion (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Pool	Name of Producing Formation
Perforations	Top Oil/Gas Pay
Tubing Depth	
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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Gas-MCF

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

I. 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.	
<u>R. L. Berry</u> (Signature)	R. L. Berry Unit Head
<u>R-2107</u> (Title)	

OIL CONSERVATION COMMISSION	
APPROVED	SEP 6 1967
BY	SIGNATURE
TITLE	ENCLOSURE
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.	