

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-101 and C-110
Effective 1-1-65

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

If change of ownership give name and address of previous owner **Marathon Oil Co. Box 220 - Hobbs, N. Mex. Lin Wortham #8**

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name **Paddock (San Angelo) Unit** **Well No.** **67** **Pool Name, including Formation** **Paddock** **Kind of Lease** **State, Federal or Fee** ☒
Location
Unit Letter **E** **1980** **Feet From The** **N** **Line and** **440** **Feet From The** **W**
Line of Section **11** **Township** **22-S** **Range** **37-E** **NMPM** **Lea** **County**

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ **or Condensate** ☐
Texas New Mexico PL Co. **Address (Give address to which approved copy of this form is to be sent)** **Box 1510 - Midland Texas**
Name of Authorized Transporter of Casinghead Gas ☒ **or Dry Gas** ☐
Skelly Oil Company **Address (Give address to which approved copy of this form is to be sent)** **Box 1135 - Eunice, N. Mex.**
If well produces oil or liquids, give location of tanks. **Unit** **C** **Sec.** **11** **Twp.** **22-S** **Rge.** **37-E** **Is gas actually connected?** **When**

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

IV. **COMPLETION DATA**
Designate Type of Completion ☒ **Oil Well** ☐ **Gas Well** ☐ **New Well** ☐ **Workover** ☐ **Deepen** ☐ **Plug Back** ☐ **Same Res'v.** ☐ **Diff. 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**

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. Barry **Unit Head**
R. L. Barry **(Signature)**
R. L. Barry **(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.