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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form O 104
Supersedes Old O-104 and O-110
Effective 1-1-65

AUGUST 5, 1968
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 5 8 33 AM '68

Operator Humble Oil & Refg Co.		CHANGE OPERATOR NAME FROM HUMBLE OIL & REFINING COMPANY TO EXXON CORPORATION	
Address Box 1600 - Midland, Texas 79701		EFFECTIVE JANUARY 1, 1973	
Reasons for filing. (Check proper box)	Other (Please specify)	Change Bty Location	
New Well <input type="checkbox"/>	Change in Transporter of:		
Incompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Paddock (San Angelo) Unit	Well No. 82	Pool Name, including Formation Paddock	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>
Location Unit Letter L ; 2310 Feet From The S Line and 330 Feet From The W Line of Section 12 , Township 22-S Range 37-E , NMPM, Lea 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"/> Texas N. Mex. PLCo.	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) Bx 1135 - Eunice, N. Mex		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 2	Twp. 22-S
	Rge. 37-E	Is gas actually connected? Yes	When 6-1-68

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.**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plugged	Abandoned
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 initial volume of fluid and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Flow Test Made	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
Producing Method (flow, pump, gas lift, etc.)	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 is true and correct to the best of my knowledge and belief.

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 calculation of the shut-in tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms O-104 must be filed for each pool in multiple completed wells.

Unit Head
8-1-68
(Date)