

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 9 29 AM '67

|                  |     |  |
|------------------|-----|--|
| DISTRIBUTION     |     |  |
| SANTA FE         |     |  |
| FILE             |     |  |
| U.S.G.S.         |     |  |
| LAND OFFICE      |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

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: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒ Other (Please explain)  
Formation of Paddock (San Angelo) Unit  
Effective 9-1-67

If change of ownership give name and address of previous owner  
Libio Petroleum Co., Box 3167, Midland, Texas  
Hinton #1

II. DESCRIPTION OF WELL AND LEASE

|   |          |                                |                      |
|---|----------|--------------------------------|----------------------|
| Lease Name  | Well No. | Pool Name, Including Formation | Kind of Lease        |
| Paddock (San Angelo) Unit   | 83       | Paddock                        | State, Federal & Fee |
| Location<br>Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>W</u><br>Line of Section <u>12</u> , Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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) |
| <u>Texas New Mexico Pipe Line Co.</u>  | <u>Box 1510, Midland, Texas 79701</u>                                    |
| 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) |
| <u>Skelly Oil Co.</u>  | <u>Box 1135, Eureka, New Mexico</u>                                      |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge.<br><u>K</u> : <u>12</u> <u>22-S</u> <u>37-E</u>      |
|  | Is gas actually connected? 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                    | 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 |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

VI. 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            |

I. CERTIFICATE OF COMPLIANCE

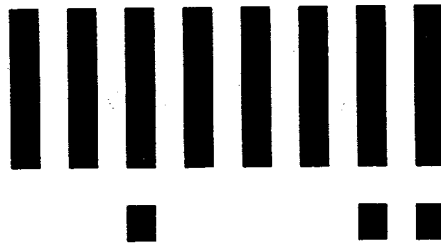
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. L. Berry R. L. Berry  
(Signature)  
Unit Head  
8-31-67 (Title)

OIL CONSERVATION COMMISSION

APPROVED : SEP 1 1967 , 19  
BY : SK  
TITLE : Unit Head

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.



**LTR**



**Job separation sheet**

|                           |            |
|---------------------------|------------|
| NUMBER OF COPIES RECEIVED |            |
| DISTRIBUTION              |            |
| SANTA FE                  |            |
| FILE                      |            |
| U.S.G.S.                  |            |
| LAND OFFICE               |            |
| TRANSPORTER               | OIL<br>GAS |
| PRORATION OFFICE          |            |
| OPERATOR                  |            |

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

|   |                      |                         |                         |  |                         |                        |  |
|---|----------------------|-------------------------|-------------------------|--|-------------------------|------------------------|--|
| Company or Operator<br><b>SOHIO PETROLEUM COMPANY</b>   |                      |                         |                         | Lease No. <b>123456</b><br><b>Hinton</b>   |                         | Well No.<br><b>1-1</b> |  |
| Unit Letter<br><b>K</b>   | Section<br><b>12</b> | Township<br><b>22-S</b> | Range<br><b>37-E</b>    | County<br><b>Lea</b>   |                         |                        |  |
| Pool<br><b>Paddock</b>  |                      |                         |                         | Kind of Lease (State, Fed, Fee)<br><b>Patented</b>   |                         |                        |  |
| If well produces oil or condensate<br>give location of tanks  |                      |                         | Unit Letter<br><b>K</b> | Section<br><b>12</b>   | Township<br><b>22-S</b> | Range<br><b>37-E</b>   |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><br><b>Texas-New Mexico Pipe Line Company</b> |                      |                         |                         | Address (give address to which approved copy of this form is to be sent)<br><br><b>P. O. Box 1510, Midland, Texas</b>    |                         |                        |  |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                      |                         |                         |  |                         |                        |  |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/><br><br><b>Skelly Gasoline Plant</b>     |                      |                         | Date Connected          | Address (give address to which approved copy of this form is to be sent)<br><br><b>600 Texas Ave. Eunice, New Mexico</b> |                         |                        |  |

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☐ Change in Ownership ..... ☒  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

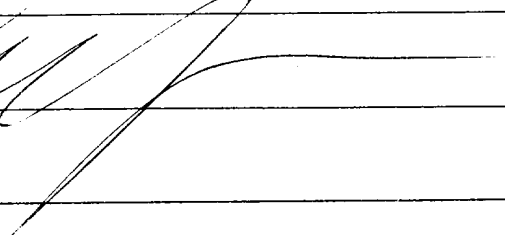
Remarks

Effective 7-10-62

Former operator Neville G. Penrose, Inc.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 3rd day of August, 19 62.

|                             |   |         |                                |
|-----------------------------|---|---------|--------------------------------|
| OIL CONSERVATION COMMISSION |   | By      | <i>He Bowman</i>               |
| Approved by                 |  | Title   | DISTRICT CLERK                 |
| Title                       |   | Company | SOHIO PETROLEUM COMPANY        |
| Date                        |   | Address | P. O. BOX 3167, MIDLAND, TEXAS |