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

CHANGE OPERATOR NAME FROM
HUMBLE OIL & REFINING COMPANY
TO EXXON CORPORATION
EFFECTIVE JANUARY 1, 1973

Operator: Humble Oil & Refg. Co.
Address: Box 1600 - Midland, Texas 79701
Reason(s) for filing (Check proper box) Other (Please explain)
New Well
Recompletion
Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate
Change By location

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name: Paddock (San Angelo) Unit
Well No.: 98
Pool Name, Including Formation: Paddock
Kind of Lease: State, (Federal), Fee
Location
Unit Letter H : 1980 Feet From The N Line and 660 Feet From The E
Line of Section 15, Township 22-S, Range 37-E, NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate
Texas N. Mex. 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 X or Dry Gas
Warren Pet. Co.
Skelly Oil Co.
Address (Give address to which approved copy of this form is to be sent)
Bx 1197 - Eunice, N.M.
Bx 1135 - ✓ ✓
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:

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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

IV. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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

Unit Head
(Title)
8-1-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

TITLE _____

This form is to be filed in compliance with RULE 1104.

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 operator, well name or number, transporter, or other such change of condition.