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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
DEC 10 11 35 AM '65

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

I. Operator
HUMBLE OIL & REFINING COMPANY

Address
Box 2100, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
NOTE: Additional Recovery Area R-2891 of 4-8-65

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State	Well No. 6	Pool Name, Including Formation Langlie Mattix	Kind of Lease State, Federal or Fee State
Location Unit Letter "B" ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 19 , 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 New Mexico Pipe Line Company	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 Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 18	Twp. 22-S
		Rge. 37-E	Is gas actually connected? Yes
			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 - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v. X
Date Spudded (W/O) 6-7-65	Date Compl. Ready to Prod. (W/O) 10-6-65	Total Depth 3717	P.B.T.D. 3637 (Logger's PBD)					
Pool Langlie Mattix	Name of Producing Formation Penrose	Top Oil/Gas Pay 3603	Tubing Depth 3602					
Perforations 3603, 3605, 3621 and 3633			Depth Casing Shoe 3714					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	10-3/4"		482'		200			
7-7/8"	5-1/2"		3714'		700			
7-7/8"	2"		3602'		-			

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 11-30-65	Date of Test 12-1-65	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hour	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 4 Barrels	Oil-Bbls. 1 Barrel	Water-Bbls. 3 Barrels	Gas-MCF 115,000

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.

(Signature)

District Adm. Supvr.

(Title)

12-8-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED

19

BY

TITLE

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

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.

Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition.

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