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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-105
Effective 1-1-65

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

I. Operator Humble Oil & Refg Co.
Address 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) Request Testing allowable of 160 bbl. This oil produced while attempting Completion. Well to be Completed as Salt Water Disposal well. Please date supplement in November, 1969 Business.
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico S State</u>	Well No. <u>26</u>	Pool Name, including Formation <u>Undesignated</u>	Kind of Lease <u>State</u>
Location Unit Letter <u>L</u> ; <u>2310'</u> Feet From The <u>S</u> Line and <u>400</u> Feet From The <u>W</u> Line of Section <u>2</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"/> <u>Texas New Mexico PL Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510 - Midland Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> _____	Address (Give address to which approved copy of this form is to be sent) _____					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>2</u>	Twp. <u>22-S</u>	Rge. <u>37-E</u>	Is gas actually connected? <u>No</u>	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>7/14/69</u>	Date Compl. Ready to Prod. <u>7/24/69</u>	Total Depth <u>4151</u>		P.B.T.D. <u>-</u>				
Pool <u>Eunice (San Andres South)</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>3860</u>		Tubing Depth <u>-</u>				
Perforations <u>4005-4020 ; 3969-3981 ; 3920-3928 ; 3941-3948 ; 3860-3867</u>		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe <u>-</u>				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>8 7/8" OD</u>		<u>298'</u>		<u>150 SACK</u>			
	<u>4 1/2" OD</u>		<u>4139'</u>		<u>400 SACK</u>			

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 <u>Request for testing allowable of 160 bbl. Oil</u>	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test <u>produced during completion attempt.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>Anticipated.</u>	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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]
(Signature)
Unit Head
(Title)
10/28/69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
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.

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 multiply completed wells.