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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

I.

Humble Oil & Refining Company

Box 1600, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well
Recompletion
Change in Ownership

Change in Transporter of:
Oil X
Casinghead Gas

Other (Please explain)
CHANGE OF OPERATOR FROM HUMBLE OIL & REFINING COMPANY TO EXXON COMPANY, U.S.A.
EFFECTIVE JANUARY 1, 1973

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
New Mexico BM State	1	Justis Blinebry-Tubb-Drinkard North	State, Federal or Fee State

Unit Letter I, 2310 Feet From The South Line and 330 Feet From The East Line of Section 2, Township 25-S, Range 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate
Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Company — Midland, Texas

Name of Authorized Transporter of Casinghead Gas X
Address (Give address to which approved copy of this form is to be sent)
El Paso Natl Gas — Box 1384 Jal, N Mex.

If well produces oil or liquids, give location of tanks.
Unit I, Sec. 2, Twp. 25-S, Rge. 37-E
Is gas actually connected? Yes
When 4-14-67

If this production is commingled with that from any other lease or pool, give commingling order number: PC - 69

IV. 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.

Elevations (DF, RKB, RT, GR, etc.) | 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 (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 above is true and complete to the best of my knowledge and belief.

D. L. Clemmer
(Signature)
Agent
(Title)
3-20-67
(Date)

OIL CONSERVATION COMMISSION

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, it 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 only 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.