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TRANSPORTER — OIL	
TRANSPORTER — GAS	
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMM.

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.

Operator: Humble Oil & Refg. Co.

Address: Box 1600 - Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:			
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Other (Please explain): Dual Completion w/ N. Mex. BM State # 3 in the (Justis Blinebry) Oil pool which was Shut in on 10-1-69. Note: Also This well shares Allowable & [illegible] [illegible] proration unit as N Mex BM State No 1 in the N Justis Fusselman Pool.

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	2	North Justis Fusselman	(State) ~~Federal or Fee~~

Location: Unit Letter I ; 2160 Feet From The S Line and 330 Feet From The E 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 PL. Co.	Box 1910 - Midland Texas
Name of Authorized Transporter of Casinghead Gas X or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natl Gas Co.	Box 1384 - Jal, N. Mex

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	2	25-S	37-E	Yes-10-1-69	10-1-69

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/5/69	9/30/69	8480'	8400' & 7150'
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
N.Justis Fusselman	Fusselman	6928'	6990
Perforations			**Depth Casing Shoe**
6928 to 6934 And 6966-6971' w/1shot/ft.			—

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	4½" csg	8480'	Previously Reported
	2⅜" OD	6990'	

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.)	
9/30/69	9/30/69	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	—	—	—
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
46 Bbl	34	12	56 - GOR-1647

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]
(Signature)

Unit Head
(Title)

10/3/69
(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.