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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE**  
 AND **HOBBS OFFICE O. C. C.**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
**MAR 29 1 55 PM '66**

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) Other (Please explain)

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

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE** This well is a dual with the Ellenburger Pool.

Lease Name <u>New Mexico BK State</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Justis Blinebry (Gas)</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location: Unit Letter <u>I</u> , <u>2160</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>			
Line of Section <u>2</u> , Township <u>25-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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>Box 4157, 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)
<u>El Paso Natural Gas Company (high Pressure &amp; Flash)</u>	<u>Box 1284, Jal, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>2</u> Twp. <u>25-S</u> Rge. <u>37-E</u> Is gas actually connected? <u>Yes</u> When <u>3-25-66</u>

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 type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
<u>Recompletion</u>								
Date Spudded <u>Re-entered 2-18-65</u>	Date Compl. Ready to Prod. <u>5-5-65</u>	Total Depth <u>8180</u>	P.S.T.D. <u>5568</u>					
Pool <u>Justis Blinebry</u>	Name of Producing Formation <u>Blinebry</u>	Top Oil/Gas Pay <u>5377</u>	Tubing Depth					
Perforations <u>5377, 5381, 5387, 5389, 5435, 5442, 5458, 5461, 5498, 5503, 5505, 5518, 5553.</u>	Depth Casing Shoe <u>7490</u>							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>8-3/4"</u>	<u>2-7/8"</u>	<u>7490</u>	<u>1050</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	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 <u>1,950</u>	Length of Test <u>15 hours</u>	Bbls. Condensate/MMCF <u>4</u>	Gravity of Condensate <u>41.2°</u>
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>*</u>	Choke Size <u>*</u>

**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.

\*See Multi-Point Back Pressure Test Dated 5-1-65

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_ 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

W. J. Stephens  
 (Signature)  
 Dist. Adm. Supvr.  
 (Title)  
 3-29-66  
 (Date)

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