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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

MAR 31 2 51 PM '65

I.

Operator
HUMBLE OIL & REFINING COMPANY
Address
P. O. Box 100, Hobbs, New Mexico 88210
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of ☐ Other (Please explain)
Recompletion ☐ Dry Gas ☐ Well recompleted from North Justis Tubb
Change in ☐ Casinghead Gas ☒ Drinkard to Justis Blinebry.
Testing

If change of owner, give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
New Mexico State Oil
Well No. 2
Name, Locating Formation Justis Blinebry
Kind of Lease
State, Federal or Fee State
Location
Unit Letter 2160 Feet From The South Line and 330 Feet From The East
Line of Section 2 Range 37-E, NMPM. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐
None
Address (Give address to which approved copy of this form is to be sent)
None
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
Box 1384, Jal. New Mexico
If well produces liquids, Unit Sec. Twp. Rge. Is gas actually connected? When
"I" 2 25-S 37-E Yes 3-5-65

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

IV. COMPLETION DATA

Designate of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spud Date Compl. Ready to Prod. Total Depth P.B. D.D.
Pool Name of Producing Formation True Oil Seal Dry Logging 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 OIL WELL

(Test must be after recovery of initial 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 To Tank 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. During Test Bbls. Condensate 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)
March 30, 1965
(Date)

CONSERVATION COMMISSION
APPROVED APR 1 1965
BY Joe J. Ramirez
TITLE SUPERVISOR DISTRICT 7
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 multiv