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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65

## REQUEST FOR ALLOWABLE

HUMBLE OIL &amp; REFINING CO. AND EXXON CORP.

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 29 11 42 AM '67 MAR 22 1 05 PM '67

I.

Operator Humble Oil & Refining Company	
Address Box 1600, Midland, Texas 79701	
Reason(s) for filing (check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

Other (please explain)  
**CHANGE OPERATOR NAME FROM  
HUMBLE OIL & REFINING COMPANY  
TO EXXON CORPORATION  
EFFECTIVE JANUARY 1, 1973**

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico BM State	Well No. 3	Pool Name, including Formation Justis Fusselman North	Kind of Lease State, Federal or Fee State
Location			
Unit Letter P	330	Feet From The East	Line of Section 990
Line of Section 2		Township 25-S	Range 37-E
		County Lea	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"/> Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Nat'l Gas	Address (Give address to which approved copy of this form is to be sent) Box 1384 Jal, N. Mex	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 2
	Twp. 25-S	Range 37-E
	Is gas actually connected? Yes	When 6-25-62

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 Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top of 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 OIL WELL

(Test must be after test of total volume of load oil and must be equal to or exceed top allowable for 24 hours)

Date First New Oil Run To Tanks	Date of Test	Production 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	Ratio, 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.

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

A. L. Clemmer

(Signature)

Agent

(Title)

3-20-67

(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 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, 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.