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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISS  
REQUEST FOR ALLOWABLE  
HUMBLE OIL & REFINING CO. C. C. HOOVER OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAR 23 11 42 AM '67 MAR 22 1 05 PM '67

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

I.

Operator <b>Humble Oil &amp; Refining Company</b>	
Address <b>Box 1600, Midland, Texas</b>	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

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

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	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 OIL WELL

(Test must be after the very of total volume of load oil and must be equal to or exceed top allow-  
able for this depth or 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	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.

**A. L. Clemmer**  
(Signature)

**Agent**  
(Title)

**3-20-67**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

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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, this form must be accompanied by a tabulation of the deviation  
test taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-  
able 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.