

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-105
Effective 1-1-65

LAND OFFICE

TRANSPORTER OIL
GAS

OPERATOR

PRODUCTION OFFICE

Signature: Ralph Lowe

Address: PO Box 832 Midland, Texas 79701

Check proper box

Other (Please explain) Change Lease Name
from Elydia C. Winters to
Humble-Winters

Change of ownership give name
and address of previous owner

Humble Oil & Refining Company PO Box 1600
Midland, Texas

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including formation	Kind of Lease
<u>Humble-Winters</u>	<u>2</u>	<u>Talmat Yates Rivers</u>	<u>Fee</u>
Location			
Section <u>F</u> : <u>1980</u> Feet from The <u>North</u> Line and <u>1980</u> Feet from The <u>west</u>			
Range <u>18</u> Township <u>25-S</u> Range <u>37-E</u> NMPM, <u>Lea</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Pipe Line Corp.</u>	<u>Box 1910 Midland, Texas 79701</u>
Transporter of Natural Gas <input checked="" 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 Co.</u>	<u>Jal, New Mexico 88252</u>
Is gas actually connected? <u>Yes</u>	When <u>1955</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spud	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	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

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)

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
Standard Pressure Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

WELL

Well No.	Date of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure	Choke Size

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: Tom Murray
Agent
Date: 1/7/69

OIL CONSERVATION COMMISSION
APPROVED [Signature] 19 69
BY [Signature]
TITLE [Signature]

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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.