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TRANSPORTER	OIL	
	GAS	
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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  
HOBBS OFFICE O.C.C.  
JAN 6 11 59 AM '66

Operator <b>HUMBLE OIL &amp; REFINING COMPANY</b>		<b>CHANGE OPERATOR NAME FROM HUMBLE OIL &amp; REFINING COMPANY TO EXXON CORPORATION EFFECTIVE JANUARY 1, 1973</b>	
Address <b>P. O. Box 2100, Hobbs, New Mexico 88240</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	<b>Well placed in Fowler Blinebry Pool, N.M.O.C.C. Order No. 3014, eff. 2-1-66</b>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

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

<b>II. DESCRIPTION OF WELL AND LEASE</b>			
Lease Name <b>J.A.E. Knight</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Fowler-Upper Yeso R-3987 Fowler-Blinebry, Blinebry</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>"J"</b> ; <b>2080</b> Feet From The <b>East</b> Line and <b>1880</b> Feet From The <b>South</b> Line of Section <b>23</b> , Township <b>24-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County			

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipe Line Corporation</b>			Address (Give address to which approved copy of this form is to be sent) <b>Box 2648, Houston, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>			Address (Give address to which approved copy of this form is to be sent) <b>Box 1384, Jal, New Mexico</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>"M"</b>	Sec. <b>14</b>	Twp. <b>24-S</b>	Rge. <b>37-E</b>	Is gas actually connected? <b>Yes</b> When <b>9-27-65</b>

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

<b>IV. COMPLETION DATA</b>									
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				
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		


<b>V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b>				(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	

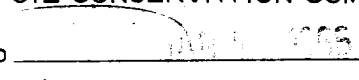
**GAS WELL**

Actual Prod. Test-MCF/D	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

  
(Signature)  
**District Adm. Supvr.**  
(Title)  
**January 4, 1966**  
(Date)

<b>OIL CONSERVATION COMMISSION</b>	
APPROVED 	19 _____
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 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 completed wells.