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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.
FEB 28 2 13 PM '65

| | |
|--|---|
| Operator Humble Oil & Refining Company | |
| Address Box 2100, Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| 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"/> |
| Other (Please explain) - | |

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | |
|---|---------------|--|--|
| Lease Name J. A. E. Knight | Well No. 3 | Pool Name, including Formation Fowler Ellenburger | Kind of Lease State, Federal or Fee Fee |
| Location | | | |
| Unit Letter J ; 2080 Feet From The East Line and 1880 Feet From The South | | | |
| Line of Section 23 , Township 24-S Range 37-E , NMPM, Lea County | | | |

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 Corporation | Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 oil or liquids, give location of tanks. | Unit M | Sec. 14 | Twp. 24-S | Rge. 37-E | Is gas actually connected? Yes | When 2-19-65 |

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

COMPLETION DATA

| | | | | | | | | |
|--|--|----------|--|----------|----------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 10-20-64 | Date Compl. Ready to Prod. 2-26-65 | | Total Depth 10,252 | | P.B.T.D. 10,244 Logger's PBTD | | | |
| Pool Fowler Ellenburger | Name of Producing Formation Ellenburger | | Top Oil/Gas Pay 10,234 | | Tubing Depth 10,181 | | | |
| Perforations 10,236, 10,238, 10,240, 10,242 | | | | | Depth Casing Shoe 10,252 | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/2" | 13-3/8" | 308 | 375 |
| 11" | 8-5/8" | 4448 | 700 |
| 7-7/8" | 4-1/2" | 10252 | 1475 |
| 7-7/8" | 2-3/8" | 10181 | - |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

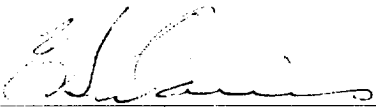
| | | | |
|---|------------------------|---|-----------------|
| Date First New Oil Run To Tanks 2-1-65 | Date of Test 2-2-65 | Producing Method (Flow, pump, gas lift, etc.) Swabbed (request 101 bbl allow. per day) | |
| Length of Test 9 hours | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 101 | Oil-Bbls. 101 | 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 - |

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) |
| Dist. Adm Supvr. |
| (Title) |
| 2-26-65 |
| (Date) |

OIL CONSERVATION COMMISSION

| | |
|----------|----|
| 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.