

DISTRIBUTION  
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 FILE  
 U.S.G.S.  
 LAND OFFICE  
 TRANSPORTER OIL  
 GAS  
 OPERATOR  
 PROCRATION OFFICE

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

MAR 23 1 27 PM '67

I. **Humble Oil & Refining Co.**  
 Box 1600, Midland, Texas 79701  
 Reason(s) for filing (Check proper box)  
 New well ☐ Change in Transporter oil ☒ Dry Gas ☐  
 Extension ☐ Casinghead Gas ☐ Condensate ☐  
 Change in ownership ☐

If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**  
 Lease Name: **John Williams** Well No.: **8** Pool Name, including Formation: **Justis Blinebry** Kind of Lease: **State, Federal or Fee** **Fee**  
 Location: East Letter **H** 1980 Feet From The **north** Line and **330** Feet From The **east**  
 Line of Section **34** Township **24S** Range **37E** NMPM, **Lea** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Shell Pipe Line Company** Address (Give address to which approved copy of this form is to be sent)  
**Box 1910, Midland, Texas**  
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**El Paso Natural Gas Co.** Address (Give address to which approved copy of this form is to be sent)  
**Box 1384, Jal, NM**  
 If well produces oil or liquids, give location of tanks. Unit **H** Sec. **34** Twp. **24S** Rge. **37E** Is gas actually connected? **yes** When: **9-2-66**

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

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 Spudied 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 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 Flow during Test Oil - Bbls. Water - Bbls. Gas - MCF

**GAS WELL**  
 Actual Flow 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**  
 Agent  
 3-22-67  
 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.