

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Exxon Corp.	Well API No. 30-025-06466
Address P. O. Box 1600, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

RECEIVED  
JUN 24 1991  
OIL CON. DIV.  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "V" State	Well No. 4	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Lease No. B-935
Location Unit Letter N : 500 Feet From The South Line and 2080. Feet From The West Line Section 10 Township 21S Range 37E, NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent) Shell Pipeline (393-5611) P. O. Box 1008, Hobbs, NM 88240 Attn: Leo Actomayo					
Name of Authorized Transporter of Casinghead 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) Texaco Expl & Prod Inc. (394-2516) P. O. Box 1137, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 10	Twsp. 21S	Rge. 37E	Is gas actually connected?	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded- reentered 10-26-90	Date Compl. Ready to Prod. 12-21-90	Total Depth orig TD 8043	P.B.T.D. 7425					
Elevations (DF, RKB, RT, GR, etc.) 3474	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6923	Tubing Depth 6851					
Perforations 6923-7216	Depth Casing Shoe 8043							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15	10-3/4	344	300					
9-7/8	7-5/8	3100	1600					
6-3/4	5-1/2	8043	350					
6-3/4	2-3/8	6851						

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 Tank 12-21-90	Date of Test 5-25-91	Producing Method (Flow, pump, gas lift, etc.) rod pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 3579	Oil - Bbls. 37	Water - Bbls. 0	Gas- MCF 71

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Sharon B. Timlin Staff Office Asst.

Printed Name  
Sharon B. Timlin

Date  
6-17-91

Telephone No.  
915-688 7509

OIL CONSERVATION DIVISION

Date Approved JUN 28 1991

By JAMES L. BROWN

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.