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W.B.C.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104
 Supersedes Old O-101 and O-102
 Effective 1-1-65

Operator EXXON CORPORATION

Address Box 1600, MIDLAND, TEXAS 79702

Reason(s) for filing (check proper box) New Well Recompletion Change in Ownership Change in Transporter of Oil Oil Casinghead Gas Dry Gas Condensate Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>NEW MEXICO "BW" STATE</u>	Well No. <u>2</u> Pool Name, including Formation <u>TOBAC PENN</u>	Kind of Lease State, Federal or Fee	Lease No.
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Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST

Line of Section 20 Township 8-S Range 33-E, NMPM, CHAVES County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>MOBIL PIPE LINE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>PRODUCTION SECTION Box 900, DALLAS, TEXAS 75221</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>CITIES SERVICE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 300, TULSA, OKLA. 74102</u>

If well produces oil or liquids, give location of tanks. Unit K Sec. 20 Twp. 8-S Rge. 33-E Is gas actually connected? YES When 1-1-78

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

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resrv.	<input type="checkbox"/> Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	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 OIL WELL (Test must be after recovery of total volume of lead 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 (front, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

D L Clemmer D L CLEMMER
 (Signature)
UNIT HEAD
 (Title)
1-30-78
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

Offg. Signed by
John P. ...
 (Signature)

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 deviated logs taken on the well in accordance with RULE 111. All portions of this form must be filled out completely for all wells on new and existing wells. Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of condition.

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FEB 2 1978

OIL CONSERVATION COMM.
HOBBBS, N. M.