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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION 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-104A
Effective 1-1-65

Operator Exxon Corporation	
Address P. O. Box 1600, Midland, Texas 79701	
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"/>

If change of ownership give name
and address of previous owner

Lease Name New Mexico "S" State		Well No. 28	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee	State State	Lease No. B-934
Location						
Unit Letter F	2160	Feet From The North	Line and 1800	Feet From The West		
Line of Section 2	Township 22-S	Range 37-E	, NMPL, Lea		County	

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)				
Texas New Mexico Pipeline Company		P. O. Box 1600, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Skelly Oil Company		P. O. Box 1135, Eunice, New Mexico 88231				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 22-S	Rge. 37-E	Is gas actually connected? Yes	When 6-2-76

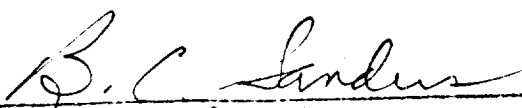
If this production is commingled with that from any other lease or pool, give commingling order number:

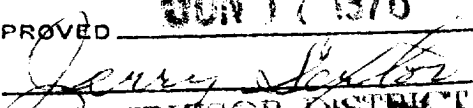
PC-137

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-1-76	Date Compl. Ready to Prod. 5-30-76	Total Depth 7200		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3383 RKB	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6768		Tubing Depth 6671					
Perforations 6768-6916		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
13-3/4	10-3/4	1120		520 sks Class "C"					
8-3/4	7	7198		1550 sks Class "C"					
	2-3/8	6671							

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 oil available for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks 6-2-76	Date of Test 5-30-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 500	Casing Pressure -	Choke Size 18/64
Actual Prod. During Test 242	Oil-Bbls. 221	Water-Bbls. 21	Gas-MCF 481

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

I. 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)	
Unit Head	
(Title)	
6-11-76	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED JUN 17 1976	
BY 	
TITLE SUPERVISOR DISTRICT I	
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 deviator 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 only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.	